

## **Curriculum adaptations**

At Threemilestone School we want all children with SEND to be fully engaged in and enjoying learning, be included with peers, be at least at NARE or making accelerated progress. When planning we consider ways of minimising or reducing barriers to learning so that all children can fully take part and learn. In some activities, children with SEND will be able to take part in the same way as their peers. In others, some modifications or adjustments will need to be made to include everyone.

## **General Curriculum Adaptations by area of need**

<b><u>Communication and Interaction</u></b>
<b><u>SCLN (Speech, Language and Communication Need)</u></b>
<ul style="list-style-type: none"><li>● Simplify language by breaking long sentences into short ideas and ensure language is clear, unambiguous and accessible for the child</li><li>● Use signs, symbols and visual timetables to aid communication</li><li>● Use visual displays (objects, artefacts and pictures)</li><li>● Provide a visual guide to the lesson, eg. check list, visual timetable or pictures, key words</li><li>● Provide lots of repetition of activities and particularly vocabulary</li><li>● Use non-verbal clues to reinforce spoken word - eg: gesture, facial expression, body language</li><li>● Give a clear language model and expand what the child is able to say by repeating words back correctly without pointing out errors</li><li>● Provide good communication role models, adults and other children for child to mirror</li><li>● Provide a low distraction / quiet environment so the child can focus on communication when other children are in louder discussion</li><li>● Reduce the number of questions asked and give time to answer – typically 10 seconds</li><li>● Ask questions in a variety of ways enabling learners with S&amp;L difficulties to answer open ended questions</li><li>● Regularly check understanding</li><li>● Instructions given clearly and reinforced</li><li>● Ensure all adults are aware of their role in supporting learners to contribute to lessons</li></ul>

## **Autism Spectrum Disorders**

- All adults in the classroom environment to understand that it may take time to trust someone - building relationships is key
- Ask the child where they are most comfortable sitting
- Avoid changing seating plans without consulting
- Ensure instructions are given clearly, and are broken down into smaller chunks when required
- Avoid over use of open-ended questions as they may not be focused enough to enable the child to give a response
- Use visuals and structured tasks, incorporating child's interests where possible
- If helpful and age appropriate, provide a clear sequence of lessons in advance
- Give time to process information
- Prepare child for and staff for what is coming next and what is the focus of learning for the lesson
- Allow children to have planned and unplanned sensory/movement breaks in a breakout space and / or fiddle toys in class.
- Be aware that the child may have rigid expectations of the structure of a lesson and changes may cause anxiety
- Consider use of Task Management boards
- Understand that the child may struggle to learn in a group and on their own due to communication difficulties.
- Make sure it is clear exactly what is expected how long they should spend on the task and provide a clear deadline.
- Pre-warn of any changes to the normal school day – visits, visitors, supply teachers, fire drills etc

## Cognition and Learning

### Dyslexia

- Ensure Dyslexia Screening test results are shared with everyone who is working with the child, and that adaptations are made according to strengths/difficulties on the DST
- Ensure access to reading overlays for all children
- Use pastel shades of paper and matt paper to reduce 'glare' when possible. Use a coloured background when using the IWB
- Keep paragraphs short – dense text blocks can be harder to read
- Understand that the use of background graphics with text over the top can be visually confusing
- Consider using text boxes or borders for headings and to highlight key text
- Use bold text for titles & sub-headings or to draw attention to important information or key vocabulary.
- Ensure written instructions are short and simple to read
- Avoid too much text on the page and avoid clutter
- Provide additional support for the child to learn, understand and retain key vocabulary - pre teaching/Precision teaching
- All adults to be aware the child may use a personalised coloured overlay or rule and staff will need to check this is available – in this case, ensure it is in IEP or equivalent
- Reduce the need for copying wherever possible
- All staff to be aware the child may need to use text to speech technology – in this case, ensure it is in IEP or equivalent
- **Working Memory:** Recap of previous learning to enable working memory; consider use of dual coding; use a chart to build up each week's key learning visually; re-teach main aspects of previously taught lessons with key information; learning presented in small chunks; access visual aids from previous relevant learning; present information in a visual form with only the key information for the learner to remember.
- **Processing time:** Time to talk through ideas and concepts; time for recall; repeat instructions using the same language
- **New vocabulary:** Word mats with pictorial aids; written prompts; stories presented in alternative styles, for example cartoons, storyboards; Exaggerate new vocabulary by separating syllables; mnemonics;
- **New vocabulary:** Talk partners; Dual coding; draw concepts;
- **Sequencing:** Repeat instructions and information; sequencing frames, written scaffolding
- **Recording:** Alternative methods of recording information including audio/visual to ensure key concepts are recorded

### Dyspraxia

- Consider alternatives to writing - Speech to text technology, Clicker 8
- Understand that the child may need more space to record learning
- Understand that the child may need to use special equipment eg: looped scissors, rulers with handles etc and has access to these when needed
- Consider use of Task Management board - tick list to help child organise time
- Reduce the need for copying
- Give an equipment list and encourage child to only gather necessary equipment
- Providing in line with IEP or EHCP, allow child to move around whilst working and ensure all staff and other pupils are aware - movement breaks/sensory breaks
- Allow child time to settle in the classroom and ensure all staff are aware if the child finds transitions challenging
- Providing in line with IEP or EHCP, allow child to start getting ready before the other students and provide a quiet area for them to change if needed
- In most cases, do not ask the child to go first – many children are likely to pick up cues from peers about what is needed
- Demonstrate how to handle equipment until internalised and repeat as necessary
- Breakdown activities into components and teach separately, ensuring understanding and competence. Repeat in future lessons as necessary
- Adapt equipment and expectations when motor skills are being used

### Dyscalculia

- Use concrete manipulatives such as denes, numicon, dice whenever possible
- Use visual reference aids - 100 square, times table squares etc.
- All adults to understand that the child may have to repeat the activity many times to internalise and remember – pertinent for number bonds, times tables etc
- Use of precision teaching intervention to support children to retain key-information (number bonds, timetable facts etc.)
- All adults to understand that the child may shut down and use avoidance strategies if anxious about maths activities
- Provide hand-on activities with clear instruction around language and vocabulary
- Avoid time pressure by using untimed tests
- Use visual reference aids – 100 square, times table facts, print
- Consider using highlighters and coloured pens to colour code operations – ie addition = amber, subtraction = sky blue
- All adults to be aware that the child may not know when they have made an error when copying numbers or writing dictated numbers
- Allow or encourage the child to communicate answer in alternative ways such as in a diagram or by using manipulatives
- Provide scaffolding and model scaffolding of key ideas if organising of ideas is challenging

## SEMH (Social, Emotional and Mental Health)

### Trauma

- Ensure all staff (including supply and infrequent staff) understand behaviour in the context of past experiences (without breaching confidentiality / GDPR)
- Provide a non-confrontational, trauma informed approach with a discreet, understanding and reassuring approach which is understood and applied by all adults
- Teach and model positive self-talk
- Encourage the child to see that making a mistake is a part of learning and that mistakes will not incur anger or punishment from adults or peers
- Utilise opportunities for humour and laughter as appropriate but all staff to be aware that laughter generally reduces the traumatic response in the brain
- Provide a predictable environment with clear expectations for behaviour (following the school's Relationship - Positive Behaviour Policy) and structure at all times during the school day – be aware that times outside of the classroom (break, lunch, toilet, library, PE etc) may be harder to manage
- In line with IEP / EHCP all staff support and coach the child in ways to calm themselves and manage emotions as well as opportunities to practise de-escalating when needed
- When the child is escalating, staff connect with what they are feeling
- Consider providing an agreed breakout space for when the child is feeling overwhelmed or emotionally dysregulated.
- Ensure all adults are modelling active listening and demonstrating empathy at all times when interacting with the child
- Providing in line with IEP / EHCP, staff can actively ignore my negative behaviour if not a danger. Ensure all adults are aware and understand aims of this
- Consider use of visuals to consolidate managing emotional regulation-e.g. 5 point scale
- Enable the child to sit in the room where they feel safe-could be at the side with their desk near a wall, or at the back. Monitor for hypervigilance and the impact of this on their attention and focus

## ADHD

- All adults employ a non-confrontational approach, valuing and listening to the child to help reduce heightened arousal leading to better behaviour and helping the child to remain in control.
- Apply school's Relationship- Positive Behaviour Policy sensitively but consistently. Rules may need differentiation – ensure all staff are informed and adaptations have been agreed with parents/carers and child
- Use a timer to engage and provide focus for attention; (gel based liquid timers can provide a calming response)
- Ensure instructions are delivered clearly and step by step - ask the child to repeat or have them written on a prompt sheet or task management board
- Use subtle, visual cues agreed in advance to remind the child when they are off task or behaviour is inappropriate
- Be aware that it may be helpful for the child to sit at the end of a row or the back the classroom to minimise distractions
- Consider providing a 'stress ball' or other fiddle object to aid concentration
- Allow a calming-down period on entry to the classroom
- Allow time limited learning breaks to release excess energy – this could include giving an active 'job' to do
- Be aware that the child may be very impulsive, so raise awareness of potential danger when using equipment in practical lessons
- All staff to understand that the child may struggle in group learning if they are unable to read signals and cues for successful communication
- Consider use of visual timetables with built in reward systems in place, as well as opportunities for breaks or choice activities as required
- Consider use of visuals to consolidate managing emotional regulation-e.g. 5 point scale

## Anxiety

- All adults working with the child must be aware that anxiety will often also accompany many SEND and be aware if the individual child has any accompanying SEND
- All adults must get to know the individual child and build up a trusting relationship
- All adults must know what it looks like when the child is in a heightened state of anxiety – they may be particularly quiet, withdrawn, avoid eye contact, be tearful, shaky or they may show no outward signs at all.
- Consider asking the child where they are most comfortable sitting in class
- All adults to understand that the child may need a quiet and private place to eat and may not be able to eat in public
- All staff are mindful of whether the child can cope with being asked questions in class and that this may vary day to day
- Understand that the child may not be comfortable speaking in front of the class or a group
- All adults to be aware that the child may not cope with crowds because of noise, jostling and fear of being pushed over and if so put in alternative procedures
- All adults should be aware that the child may not be able to use the school toilets or they may need to go only when the toilets are empty.
- All staff to be aware that the child may not cope with crowds because of noise, jostling and fear of being pushed over and if so put in alternative procedures
- All staff to be aware that the child may not be able to use the school toilets or they may need to go only when the toilets are empty. Staff to know that having access to toilets at all times may be important and the child may be issued with a toilet pass, Help Card or equivalent
- Know that the child may struggle with new / supply teachers

## **SENSORY and PHYSICAL**

### **Visual Impairment**

- Follow advice from the VI (visual Impairment) support team
- If the child is sensitive to light and glare, control the light in the classroom using blinds and consider sitting the child with back to windows and in a place which reduces the glare on surfaces
- All adults should be aware that the child may need to wear a hat, visor or sunglasses even when indoors.
- All adults to be aware that the child may need more light and may need to be positioned near natural light
- If of benefit to the child, provide high contrast objects and pictures
- Warn of changes in lighting as this can cause eye strain and headaches.
- Be aware that many children will be able to read their own writing better using a thicker nibbed pen / pencil
- Find the best / correct font size and type-face to allow access and provide written work in this format.
- For many children, avoid the use of red and green pens on the whiteboard.
- Be aware that many children will benefit from learning being magnified. Provide enlarged pictures, images, maps and print.
- Adults must be sensitive to possible need to work at close distances
- Reduce visual clutter in the classroom and reduce the number of objects in the immediate working area
- Allow breaks from learning to enable the child to be visually focused for shorter periods of time and to prevent fatigue.
- Allow more time when visually exploring a material and when completing visually challenging tasks
- If the child has central visual field loss, they may experience incomplete a central “blind spot” when looking and may not appear to make eye contact

### **Hearing Impairment**

- Advice from the HI (Hearing Impaired) support team
- Careful consideration to be given to where the child sits and ensure that this is inline with IEP/EHCP
- If wearing a hearing aid/cochlear implant, staff check discreetly that it is worn and that the batteries are charged etc.
- Even if partial hearing loss, adults must be aware that the child may be reliant on lip reading and gesture to understand
- Staff discreetly check in to check hearing and understanding
- Ensure that any background noise is minimised.
- Repeat clearly any questions asked by other students in class before giving a response as they may not have been heard
- All adults including supply to know that they do not speak when facing the board
- Adjust the lighting to allow for lip reading in the teaching room
- Videos or films used should be captioned. When impossible, find alternative ways for the child to access the information.
- Staff to be aware that it may be difficult to also take notes from a whiteboard or write whilst others talk; therefore, if in line with IEP / EHCP, provide written material to supplement lessons
- Electronically “share” the lesson if child uses a laptop and allow use of headphones to use built-in assistive technology
- Teacher / adults control discussions so that only person speaks at a time
- All adults to be aware that hearing loss early in life may result in additional literacy difficulties, therefore staff to be aware that they may need to provide support with reading and interpreting information

### **Physical Needs**

- Advice from OT, physiotherapists and the Disability service to be followed as appropriate
- Daily exercise programmes (stretches etc.) to be delivered where appropriate
- Use of specialist equipment - wheelchairs, splints etc.
- Consider allowing the child to enter/leave the classroom before the other children
- Careful consideration to be given to where the child is placed for sitting and lining up
- Allow a larger work space when required
- Provide assistance/give more time during practical activities



## ENGLISH/HISTORY/RE/MFL - Subject specific adaptations

### Communication and Interaction

SLCN (Speech, language and communication needs)	<ul style="list-style-type: none"> <li>● Pre-teach and reteach of vocabulary prior to new learning</li> <li>● Early identification of children with SCLN needs in Early Years using Language Link programme</li> <li>● Language Link Interventions (small group and 1:1)</li> <li>● 1:1 intervention under the direction of a SALT therapist</li> <li>● Ensure that all instructions are broken down and supported visually where necessary</li> <li>● Awareness through staff training that children with SCLN often find English/Language learning challenging</li> </ul>
Autism	<ul style="list-style-type: none"> <li>● Target learning around the child's area of interest</li> <li>● Provide a low-distraction environment for reading activities</li> <li>● Try not to use idioms and figurative language and be aware that children with ASD may find learning in this area challenging</li> <li>● Adults to be aware that children with ASD may find reading comprehension activities difficult - provide specific intervention in this area where necessary</li> <li>● Use of 'visuals' to support verbal and written information that has been given</li> </ul>

### Cognition and Learning

Dyslexia	<ul style="list-style-type: none"> <li>● All children to have access to Dyslexia Friendly resources - overlays, coloured paper, highlighters</li> <li>● Targeted intervention (Precision Teaching) to learn/retain new information (phonics, word reading and word spelling)</li> <li>● Consider colour coding/highlighting different sections of text - text in one colour, questions in another</li> </ul>
Dyspraxia	<ul style="list-style-type: none"> <li>● Provide task management boards to encourage children to complete learning task independently</li> <li>● Consider alternative methods of record written information - Clicker, iPad, Chrome book</li> <li>● Checklists of equipment required for learning</li> <li>● Access to a writing slope</li> <li>● Regular breaks in writing activities as children with Dyspraxia will tire easily</li> </ul>
Dyscalculia	<ul style="list-style-type: none"> <li>● See general curriculum adaptations</li> <li>● Be aware that children with Dyscalculia are likely to find the concept of 'time' challenging and may require additional support when using and constructing timelines</li> </ul>

<b>SEMH</b>	
Trauma/Anxiety	<ul style="list-style-type: none"> <li>● Ensure choice of texts does not contain content that will add to the child's trauma and / or remind them of their trauma</li> </ul>
ADHD	<ul style="list-style-type: none"> <li>● Use of high level interest literature</li> <li>● Use of a reading ruler to help the child keep their place on a page</li> <li>● Teaching of 'active reading' strategies such as highlighting, underpinning and note taking</li> <li>● Pre-teaching of new vocabulary</li> <li>● Allow additional time when reading</li> <li>● Use of voice recording technology to support retention of ideas</li> </ul>
<b>Physical and sensory difficulties</b>	
Visual Impairment	<ul style="list-style-type: none"> <li>● Bespoke advice from the VI team to be followed</li> <li>● Carefully selected reading material – clear pictures and good visual contrast</li> <li>● Access to books written in Braille</li> <li>● Access to 'screen reading' technology</li> <li>● Include as many multi-sensory real life experiences as possible to enable blind and partially sighted children to develop a shared understanding of the world</li> <li>● Establish clear turn-taking rules and a hands-up or non-interruption rule for class and small group discussions</li> <li>● Use of electronic texts</li> <li>● Systematic approach to the learning of spellings</li> </ul>
Hearing Impairment	<ul style="list-style-type: none"> <li>● Bespoke advice from the HI team to be followed</li> <li>● Pre teach vocabulary for upcoming lessons in context</li> </ul>
Physical Disability	<ul style="list-style-type: none"> <li>● This is very specific to the needs of the children and advice will be followed form the relevant agency (physiotherapy, OT, Disability service)</li> <li>● Range of writing implements</li> <li>● Alternatives to written recording of information</li> <li>● Speak to text technologies</li> <li>● Adaptive seating</li> </ul>

<b><u>MATHS - subject specific adaptations</u></b>	
<b>Communication and Interaction</b>	
SLCN (Speech, language and communication needs)	<ul style="list-style-type: none"> <li>• Pre-teach/re-teach new vocabulary</li> <li>• Represent problems using images where appropriate</li> <li>• Adult or peer to read worded problem to / with the child and clarify understanding of vocabulary before attempting to solve the problem</li> <li>• Consider presenting worded problems with the support of images</li> </ul>
Autism	<ul style="list-style-type: none"> <li>• Pre-teach/re-teach new vocabulary</li> </ul> <p>Children with ASD may struggle with word problems and need adaptation because of the following difficulties:</p> <ul style="list-style-type: none"> <li>• Organising the order of operations in multiple-step word problems; <i>Holding</i> information from one step while manipulating information from another step - provide child with a task management board</li> <li>• Shifting from one piece of information to a second piece of information;</li> <li>• Attending to the <i>relevant</i> information within the word problem - use of highlighters to identify relevant information within the problem</li> <li>• Focussing on <i>unimportant</i> information within the word problem.</li> <li>• Controlling the impulse to solve the first identified operation without understanding all steps involved - use of task management boards</li> </ul>
<b>Cognition and Learning</b>	
Dyslexia	<ul style="list-style-type: none"> <li>• pre-teach/re-teach children new maths vocabulary and basic maths skills - use of precision teaching intervention</li> <li>• Use of screenings in Key stage 2 to identify any underlying maths concepts that children may have</li> <li>• All learning to be supported with the use of concrete apparatus and manipulatives</li> <li>• Access to number squares, number lines etc.</li> <li>• Use colour coding to highlight different sections of maths worded problems</li> </ul>
Dyspraxia	<ul style="list-style-type: none"> <li>• pre-teach/re-teach children new maths vocabulary and basic maths skills - use of precision teaching intervention</li> <li>• Use of screenings in Key stage 2 to identify any underlying maths concepts that children may have</li> <li>• All learning to be supported with the use of concrete apparatus and manipulatives</li> </ul>

	<ul style="list-style-type: none"> <li>● Access to number squares, number lines etc.</li> <li>● Consider use of a book with larger squares to aid recording of learning</li> <li>● Provide visual examples of formal written methods and the 'stages' used to solve them</li> <li>● Be aware that coordination difficulties may make chart drawing etc difficult - children may need additional support in these areas of maths learning.</li> </ul>
Dyscalculia	<ul style="list-style-type: none"> <li>● pre-teach/re-teach children new maths vocabulary and basic maths skills - use of precision teaching intervention</li> <li>● Use of screenings in Key stage 2 to identify any underlying maths concepts that children may have</li> <li>● All learning to be supported with the use of concrete apparatus and manipulatives</li> <li>● Access to number squares, number lines etc.</li> <li>● Provide worded problems with key concepts/vocabulary highlighted or consider giving the child a highlighter to do this for themselves</li> <li>● Allow the child to present answers in a range of ways - using pictures/manipulatives</li> </ul>
<b>SEMH</b>	
Trauma/Anxiety	<ul style="list-style-type: none"> <li>● See general curriculum adaptations</li> <li>● Consider use of individual risks assessments where required</li> </ul>
ADHD	<ul style="list-style-type: none"> <li>● pre-teach/re-teach children new maths vocabulary and basic maths skills - use of precision teaching intervention</li> <li>● Use of screenings in Key stage 2 to identify any underlying maths concepts that children may have</li> <li>● All learning to be supported with the use of concrete apparatus and manipulatives</li> <li>● Access to number squares, number lines etc.</li> <li>● Provide worded problems with key concepts/vocabulary highlighted or consider giving the child a highlighter to do this for themselves</li> <li>● Allow the child sufficient space to record their learning/working - children with ADHD may struggle to work neatly and fit 'working' into small spaces</li> <li>● Consider avoiding speed tests - children with ADHD find it challenging to shift their attention, they may need time to 'immerse' themselves in learning and therefore find speed activit situations difficult</li> </ul>
<b>Physical and sensory difficulties</b>	
Visual Impairment	<ul style="list-style-type: none"> <li>● Use of manipulatives and concrete apparatus</li> <li>● Use of large print measuring devices</li> <li>● Use of talking calculators</li> <li>● Use of Braille equipment - rulers for example</li> </ul>

Hearing Impairment	<ul style="list-style-type: none"> <li>• See general curriculum adaptations and advice from specialist services</li> <li>• Pre-teach upcoming maths vocabulary - ensure that this is in context</li> </ul>
Physical Disability	<ul style="list-style-type: none"> <li>• This is very specific to the needs of the children and advice will be followed from the relevant agency (physiotherapy, OT, Disability service)</li> </ul>
<b>SCIENCE - subject specific adaptations</b>	
<b>Communication and Interaction</b>	
SLCN (Speech, language and communication needs)	<ul style="list-style-type: none"> <li>• See general curriculum adaptations</li> <li>• Pre-teach and re-teach vocabulary prior to new learning</li> <li>• Support introduction of new vocabulary with visuals</li> </ul>
Autism	<ul style="list-style-type: none"> <li>• Ensure that learners with sensory issues are considered in relation to sounds, smells textures etc involved with science experiments.</li> </ul>
<b>Cognition and Learning</b>	
Dyslexia	<ul style="list-style-type: none"> <li>• Pre-teach and re-teach vocabulary prior to new learning</li> <li>• Teach science concepts through manipulative and visual strategies</li> <li>• Link science to real-life contexts that are practical and meaningful for the learner</li> <li>• Consider building a visual record of investigations etc.</li> <li>• Introduce mnemonics to help learners remember new concepts - order of the planets for example</li> </ul>
Dyspraxia	<ul style="list-style-type: none"> <li>• Pre-teach and re-teach vocabulary prior to new learning</li> <li>• Children with coordination difficulties may need adapted equipment. They benefit from time handling the equipment before using in an investigation - consider demonstrating how the equipment is to be used</li> </ul>
Dyscalculia	<ul style="list-style-type: none"> <li>• Be aware that children will find activities involving reading scales/measuring difficult and will possibly require additional support</li> </ul>
<b>SEMH</b>	
Trauma/Anxiety	<ul style="list-style-type: none"> <li>• See general curriculum adaptations</li> </ul>

	<ul style="list-style-type: none"> <li>Consider use of individual risks assessments where required</li> </ul>
ADHD	<ul style="list-style-type: none"> <li>See general curriculum adaptations</li> <li>Consider use of individual risks assessments where required</li> </ul>
<b>Physical and sensory difficulties</b>	
Visual Impairment	<ul style="list-style-type: none"> <li>Use of assistive technologies - talking calculators, thermometers, timers etc</li> <li>Use of individual risk assessments for specific science investigations</li> </ul>
Hearing Impairment	<ul style="list-style-type: none"> <li>Pre-teach upcoming vocabulary in context</li> </ul>
Physical Disability	<ul style="list-style-type: none"> <li>This is very specific to the needs of the children and advice will be followed from the relevant agency (physiotherapy, OT, Disability service)</li> </ul>

<b>GEOGRAPHY - subject specific adaptations</b>	
<b>Communication and Interaction</b>	
SLCN (Speech, language and communication needs)	<ul style="list-style-type: none"> <li>See general curriculum adaptations</li> <li>Pre-teach and reteach of vocabulary prior to new learning</li> <li>Support introduction of new vocabulary with visuals</li> <li>Recognise that some geographical language is complex to understand - eg mouth of a river or water table - support with images.</li> <li>Alternative methods of recording learning in SHOW WHAT YOU KNOW books - TA support, talking through answers aloud before writing, voice recording, use of drawings and post-it notes, use of technology</li> <li>When taking part in fieldwork, children given pre-warning and social stories used if necessary to give an idea upcoming events.</li> </ul>
Autism	<ul style="list-style-type: none"> <li>See general curriculum adaptations</li> </ul>
<b>Cognition and Learning</b>	
Dyslexia	<ul style="list-style-type: none"> <li>Pre-teach and re-teach vocabulary prior to new learning</li> <li>Recognise that some geographical language is complex to understand - eg mouth of a river or water table - support with images</li> <li>Teach Geography concepts through manipulative and visual strategies</li> <li>Link Geography to real-life contexts that are practical and meaningful for the learner</li> </ul>

	<ul style="list-style-type: none"> <li>● Consider building a visual record of investigations etc.</li> <li>● Introduce mnemonics to help learners remember new concepts</li> <li>● Alternative methods of recording learning in SHOW WHAT YOU KNOW books - TA support, talking through answers aloud before writing, voice recording, use of drawings and post-it notes, use of technology</li> <li>● Where appropriate cloze procedure tasks created to minimise writing workload for pupils</li> </ul>
Dyspraxia	<ul style="list-style-type: none"> <li>● Pre-teach and re-teach vocabulary prior to new learning</li> <li>● Children with coordination difficulties may need adapted equipment for field work. They benefit from time handling the equipment before using in an investigation - consider demonstrating how the equipment is to be used</li> </ul>
Dyscalculia	<ul style="list-style-type: none"> <li>● Be aware that children will find activities involving reading scales/measuring difficult and will possibly require additional support</li> </ul>
<b>SEMH</b>	
Trauma/Anxiety	<ul style="list-style-type: none"> <li>● See general curriculum adaptations</li> <li>● Consider use of individual risks assessments where required</li> </ul>
ADHD	<ul style="list-style-type: none"> <li>● See general curriculum adaptations</li> <li>● Consider use of individual risks assessments where required</li> </ul>
<b>Physical and sensory difficulties</b>	
Visual Impairment	<ul style="list-style-type: none"> <li>● Use of assistive technologies - talking calculators, thermometers, timers, rain gauges etc</li> <li>● Use of individual risk assessments - particularly needed for field work</li> <li>● Use of enlarged resources</li> <li>● Alternative methods of recording learning in SHOW WHAT YOU KNOW books - TA support, talking through answers aloud before writing, voice recording, use of drawings and post-it notes, use of technology</li> </ul>
Hearing Impairment	<ul style="list-style-type: none"> <li>● Pre-teach upcoming vocabulary in context</li> </ul>
Physical Disability	<ul style="list-style-type: none"> <li>● This is very specific to the needs of the children and advice will be followed from the relevant agency (physiotherapy, OT, Disability service)</li> </ul>

**ART - subject specific adaptations**

<b>Communication and Interaction</b>	
SLCN (Speech, language and communication needs)	<ul style="list-style-type: none"> <li>• See general curriculum adaptations</li> <li>• Pre-teach and re-teach vocabulary prior to new learning</li> <li>• Support introduction of new vocabulary with visuals</li> </ul>
Autism	<ul style="list-style-type: none"> <li>• Ensure that learners with sensory issues are considered with particular reference to textures in art learning. They may need the opportunity to be introduced to new textures gradually, and may need to use gloves to handle some materials</li> <li>• Opportunities to play/explore new resources before the lesson starts</li> </ul>
<b>Cognition and Learning</b>	
Dyslexia	<ul style="list-style-type: none"> <li>• Pre-teach and re-teach vocabulary prior to new learning</li> </ul>
Dyspraxia	<ul style="list-style-type: none"> <li>• Pre-teach and re-teach vocabulary prior to new learning</li> <li>• Children with coordination difficulties may need adapted equipment. They benefit from time handling the equipment before using in an art activity - consider demonstrating how the equipment is to be used</li> <li>• Consider the size of workspace the child has for their art activities - they benefit from a larger area than their peers</li> <li>• Use non-slip shelf liners or place mats to place materials</li> <li>• Provide extra large pieces of paper to complete learning on.</li> </ul>
Dyscalculia	<ul style="list-style-type: none"> <li>• See general curriculum adaptations</li> </ul>
<b>SEMH</b>	
Trauma/Anxiety	<ul style="list-style-type: none"> <li>• See general curriculum adaptations</li> <li>• Consider use of individual risks assessments where required</li> </ul>
ADHD	<ul style="list-style-type: none"> <li>• See general curriculum adaptations</li> <li>• Consider use of individual risks assessments where required</li> <li>• Opportunities to play/explore new resources before the lesson starts</li> </ul>
<b>Physical and sensory difficulties</b>	
Visual Impairment	<ul style="list-style-type: none"> <li>• Use of individual risk assessments for specific art activities</li> <li>• Present materials on trays of contrasting colour and use materials that have good contrast in general.</li> </ul>



	<ul style="list-style-type: none"> <li>● Opportunities to play/explore new resources before the lesson starts</li> <li>● Use non-slip shelf liners or place mats to place materials.</li> <li>● Highlight outlines of pictures with a black felt tip pen, or colour it is supposed to be coloured or help the student trace the outline and locate important features in the project.</li> <li>● Encourage students to use their low vision devices to identify colour words on crayons/markers and on worksheets.</li> <li>● Create a tactual outline or border of the area they need to colour in.</li> <li>● Provide extra large pieces of paper to complete learning on</li> </ul>
Hearing Impairment	<ul style="list-style-type: none"> <li>● Pre-teach upcoming vocabulary in context</li> </ul>
Physical Disability	<ul style="list-style-type: none"> <li>● This is very specific to the needs of the children and advice will be followed from the relevant agency (physiotherapy, OT, Disability service)</li> </ul>

<b><u>DT - subject specific adaptations</u></b>	
<b>Communication and Interaction</b>	
SLCN (Speech, language and communication needs)	<ul style="list-style-type: none"> <li>● See general curriculum adaptations</li> <li>● Pre-teach and re-teach vocabulary prior to new learning</li> <li>● Support introduction of new vocabulary with visuals</li> </ul>
Autism	<ul style="list-style-type: none"> <li>● See general curriculum adaptations</li> </ul>
<b>Cognition and Learning</b>	
Dyslexia	<ul style="list-style-type: none"> <li>● Pre-teach and re-teach vocabulary prior to new learning</li> </ul>
Dyspraxia	<ul style="list-style-type: none"> <li>● Pre-teach and re-teach vocabulary prior to new learning</li> <li>● Children with coordination difficulties may need adapted equipment. They benefit from time handling the equipment before using in an art activity - consider demonstrating how the equipment is to be used</li> <li>● Consider the size of workspace the child has for their DT activities - they benefit from a larger area than their peers</li> <li>● Use non-slip shelf liners or place mats to place materials.</li> </ul>
Dyscalculia	<ul style="list-style-type: none"> <li>● Be aware that children will find activities involving reading scales/measuring difficult and will possibly require additional support</li> </ul>

SEMH	
Trauma/Anxiety	<ul style="list-style-type: none"> <li>• See general curriculum adaptations</li> <li>• Consider use of individual risks assessments where required</li> </ul>
ADHD	<ul style="list-style-type: none"> <li>• See general curriculum adaptations</li> <li>• Consider use of individual risks assessments where required</li> </ul>
Physical and sensory difficulties	
Visual Impairment	<ul style="list-style-type: none"> <li>• Use of individual risk assessments for specific science investigations</li> <li>• Present materials/equipment on trays of contrasting colour and use materials/equipment that have good contrast in general.</li> <li>• Use non-slip shelf liners or place mats to place materials.</li> <li>• New tools to be introduced 1 at a time</li> <li>• Use of individual risk assessments where necessary</li> </ul>
Hearing Impairment	<ul style="list-style-type: none"> <li>• Pre-teach upcoming vocabulary in context</li> </ul>
Physical Disability	<ul style="list-style-type: none"> <li>• This is very specific to the needs of the children and advice will be followed from the relevant agency (physiotherapy, OT, Disability service)</li> <li>• Use of individual risk assessments where necessary</li> </ul>

<u>MUSIC - subject specific adaptations</u>	
Communication and Interaction	
SLCN (Speech, language and communication needs)	<ul style="list-style-type: none"> <li>• See general curriculum adaptations</li> <li>• Pre-teach and re-teach vocabulary prior to new learning</li> <li>• Support introduction of new vocabulary with visuals</li> </ul>
Autism	<ul style="list-style-type: none"> <li>• Ensure that learners with sensory issues are considered with particular reference noise</li> <li>• Use of ear defenders when necessary</li> </ul>
Cognition and Learning	

Dyslexia	<ul style="list-style-type: none"> <li>• Pre-teach and re-teach vocabulary prior to new learning</li> </ul>
Dyspraxia	<ul style="list-style-type: none"> <li>• Pre-teach and re-teach vocabulary prior to new learning</li> <li>• Children with coordination difficulties may find some musical instruments difficult to handle. They benefit from time outside of lessons handling the instrument.</li> </ul>
Dyscalculia	<ul style="list-style-type: none"> <li>• There is evidence that learning in music can support children who find maths learning difficult</li> </ul>
<b>SEMH</b>	
Trauma/Anxiety	<ul style="list-style-type: none"> <li>• Be aware of the emotive nature of music and the memories that some pieces of music may evoke in individuals</li> </ul>
ADHD	<ul style="list-style-type: none"> <li>• See general curriculum adaptations</li> </ul>
<b>Physical and sensory difficulties</b>	
Visual Impairment	<ul style="list-style-type: none"> <li>• In group learning ensure that the players are sat close to each other</li> <li>• When playing percussion instruments offer shooter beaters or one beater instead of two</li> <li>• Use of modified stave or Braille music</li> </ul>
Hearing Impairment	<ul style="list-style-type: none"> <li>• Pre-teach upcoming vocabulary in context</li> <li>• Establish the beat and give any instructions before music is played</li> <li>• Take the child's lead on what instruments they are comfortable with playing</li> </ul>
Physical Disability	<ul style="list-style-type: none"> <li>• This is very specific to the needs of the children and advice will be followed from the relevant agency (physiotherapy, OT, Disability service)</li> </ul>
<b>PE - subject specific adaptations</b>	
<b>Communication and Interaction</b>	
SLCN (Speech, language and communication needs)	<ul style="list-style-type: none"> <li>• See general curriculum adaptations</li> <li>• Give practical demonstrations of new skills to be learnt</li> </ul>

Autism	<ul style="list-style-type: none"> <li>● Be aware that children with Autism may struggle in team games, and they may find it challenging to understand the rules of activities/games</li> </ul>
<b>Cognition and Learning</b>	
Dyslexia	<ul style="list-style-type: none"> <li>● See general curriculum adaptations</li> </ul>
Dyspraxia	<ul style="list-style-type: none"> <li>● See general curriculum adaptations</li> </ul>
Dyscalculia	<ul style="list-style-type: none"> <li>● See general curriculum adaptations</li> </ul>
<b>SEMH</b>	
Trauma/Anxiety	<ul style="list-style-type: none"> <li>● See general curriculum adaptations</li> </ul>
ADHD	<ul style="list-style-type: none"> <li>● See general curriculum adaptations</li> </ul>
<b>Physical and sensory difficulties</b>	
Visual Impairment	<ul style="list-style-type: none"> <li>● Physical education equipment with auditory signals e.g 'beep balls'</li> <li>● A programme of PE which is to include a child with sight problems needs to focus on the individual's starting point and adapt and plan activities and teaching techniques that enable the learner to develop their skills and fitness</li> <li>● Mark boundaries with luminous tape</li> <li>● Individual risk assessments</li> <li>● Familiarise the child with the environment they are going to be working in before the lesson begins</li> </ul>
Hearing Impairment	<ul style="list-style-type: none"> <li>● Pre-teach upcoming vocabulary in context</li> <li>● When instructions are given, ensure that it is quiet. For example, in a dance lesson turn the music off</li> <li>● Referees to use flags/visuals alongside their whistle during matches</li> <li>● Consider safety of cochlea implants and hearing aids during physical activity</li> </ul>
Physical Disability	<ul style="list-style-type: none"> <li>● This is very specific to the needs of the children and advice will be followed from the relevant agency (physiotherapy, OT, Disability service)</li> </ul>

	<ul style="list-style-type: none"> <li>• Individual risk assessments where required</li> </ul>
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<b>COMPUTING - subject specific adaptations</b>	
<b>Communication and Interaction</b>	
SLCN (Speech, language and communication needs)	<ul style="list-style-type: none"> <li>• See general curriculum adaptations</li> <li>• Pre-teach and re-teach vocabulary prior to new learning</li> <li>• Support introduction of new vocabulary with visuals</li> </ul>
Autism	<ul style="list-style-type: none"> <li>• See general curriculum adaptations</li> </ul>
<b>Cognition and Learning</b>	
Dyslexia	<ul style="list-style-type: none"> <li>• When using the interactive whiteboard, avoid black text on a white background and ensure this is avoided when sharing documents in pupils' shared areas</li> <li>• Show the child how to enlarge or zoom in on a page when using a computer so that text and images can be clearly read and understood</li> <li>• Consider providing specialist keyboards - lower case letters</li> </ul>
Dyspraxia	<ul style="list-style-type: none"> <li>• Provide opportunities for the child to sit in a spot in the classroom where there is plenty of room, particularly when a computer is needed</li> <li>• Allow extra time to complete tasks, especially when new concepts/programmes/software is being used</li> <li>• Provide specialist equipment if required - larger mouse, keyboard etc</li> </ul>

Dyscalculia	<ul style="list-style-type: none"> <li>• See general curriculum adaptations</li> <li>• Where necessary, provide screenshots of the computer programme that will be used in the lesson</li> </ul>
<b>SEMH</b>	
Trauma/Anxiety	<ul style="list-style-type: none"> <li>• See general curriculum adaptations</li> </ul>
ADHD	<ul style="list-style-type: none"> <li>• See general curriculum adaptations</li> </ul>
<b>Physical and sensory difficulties</b>	
Visual Impairment	<ul style="list-style-type: none"> <li>• Ensure that the child is taught how to adjust the screen resolutions on computers (brightness, contrast) and how to zoom in and out</li> <li>• Consider the colour of backgrounds and text on interactive whiteboard when teaching and that of the computers when accessing shared documents</li> <li>• Ensure that when a computer is being used, it is in a space where there is as little glare as possible.</li> <li>• Consider dimming or switching off the classroom lights during computing lessons</li> <li>• Allow breaks from using the computer during extended periods of work where there could be the risk of fatigue through continually looking at a screen</li> </ul>
Hearing Impairment	<ul style="list-style-type: none"> <li>• Pre-teach upcoming vocabulary in context</li> <li>• When instructions are given, ensure that it is quiet</li> <li>• Consider background noise and provide earphones for the whole class if this is a problem</li> </ul>
Physical Disability	<ul style="list-style-type: none"> <li>• This is very specific to the needs of the children and advice will be followed from the relevant agency (physiotherapy, OT, Disability service)</li> <li>• Individual risk assessments where required</li> </ul>