

Wren's Nest Primary School

Whole School Provision Map



Area of Need Key

Cognition and learning

Communication and Interaction

Social, Emotional and Mental
Health difficulties

Sensory and/or physical needs



EARLY YEARS	<p><i>Listed below are the strategies which are employed in our Early Years to support children within the areas of need as categorised in the SEND Code of Practice:</i></p>
<p>Universal Approaches- Quality First Teaching</p>	<p>Cognition and Learning:</p> <ul style="list-style-type: none"> • The Early Years curriculum and environment is language-rich to support low levels of language children have when beginning their journey with us. • High expectations of children and appropriate challenge for all. • Behaviour for learning at the heart of lessons/school ethos. • Learning walls to support key learning points. • Learning environments provide holistic supportive educational environments for all children • Time to talk with a 'talking partner'. • Variety of teaching styles and approaches using both open and closed tasks matched to the needs of individuals. • Multisensory learning approach (visual, auditory and kinaesthetic learning) making use of music, actions, graphics etc • Planning emphasises what children will learn based on an assessment of what the child already knows, understands and can do, 'Assessment for Learning' principles in place. • Personalised and adaptive teaching, including questioning, low stake quizzes and hinge questions to ensure understanding. Teaching is the adapted to overcome misconceptions. • Adaptive teaching to ensure all children can achieve the same goals. • Ability grouping for English and Maths. • Visual timetables and now/next boards are consistently used. • Use of symbols - 'Widgit' software. • Use of 'Makaton' across the school (particularly in EYFS) • Structured and consistent school and class routines. • A mastery approach to teaching is taken. • All lessons have a clear learning objective and success criteria. • Verbal feedback is given to children within lessons. • Consistent marking policy across school. • Our school timetable is organised to cater for the learning needs of all children. • Key, appropriate vocabulary and questioning are highlighted on staff planning. • Hands-on practical learning with a range of resources to support learning in all lessons. • Evidence in the form of photographs and observations including the Childs Voice, is gathered and compiled into individual Learning Journeys.



Communication and Interaction

- Adapted curriculum planning, activities, delivery and outcome – language used is simplified to cater for the needs of all.
- Clear learning objectives and success criteria ensuring clear instructions are given.
- Learning walls to support key learning points, including key vocabulary.
- Time to talk things through with a 'talking partner' before feeding back to class.
- Multisensory learning approach (visual, auditory and kinesthetic learning) making use of music, actions, graphics etc
- Increased visual aids.
- Ensuring all task/activities are modelled by the teacher/teaching assistant
- Visual timetables and Now and Next boards are consistently used.
- Use of 'Makaton' across the school.
- Use of symbols - 'Widgit' software used throughout school.
- Structured school and class routines

Social, Emotional and Mental Health difficulties

- Whole school positive behaviour policy.
- Behaviour for learning at the heart of lessons/school ethos.
- High expectations for all children.
- Small key worker groups for developing social skills.
- We use a variety of positive reinforcement strategies including rewards for pupils during lessons to celebrate their success, such as stickers, verbal praise, team points and merits.
- At the start of each lesson, adults model the expectations of the pupils, using visual cues and cards to support this, such as 'good looking/listening/sitting'
- VIP rewards system, start of the week for all lessons.
- Assemblies: VIPs celebrated in assembly and 'Always Club' for children.
- Regular CPD for staff to maintain a consistent approach to positive behaviour management strategies across school.
- De-escalation and positive praise - whole school approach is taken.
- Consistent behaviour pathways are used across school.
- Learning Mentor Team support vulnerable children in breaking down barriers to learning.
- Structured school and class routines.
- Visual timetables/Now and Next Boards, communication boards (where appropriate)
- Use of symbols - 'Widgit' software used throughout school



Sensory and/or Physical Needs

- Flexible teaching arrangements.
- Use of fidget toys to help children regulate
- Staff are aware of implications of physical impairment.
- Access/use of lift if necessary.
- Access to ICT to help reduce barriers to learning.
- Alternatives to written recording when writing is not the primary objective.
- Multisensory learning approach (visual, auditory and kinesthetic learning) making use of music, actions, graphics etc
- Use of symbols- 'Widgit' software used throughout school
- A new sensory room
- Calm room



RECEPTION INTERVENTIONS				
INTERVENTION	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
Phonics 1:1s Daily intervention delivered by trained Level 3 TA	1:1	30 mins Daily (5 mins per child)	Half termly phonics assessments identify children who need this intervention and also identify when they have made good progress so the intervention is no longer needed.	To learn and retain new sounds from set 1 & 2 and successfully and independently blend.
Boys social skills group Delivered by Level 3 TAs	1:8	Once a week 20 mins per session	Boys who struggle to socialise appropriately with peers without support. Teachers/TAs identify these children and assign them to this specific intervention.	To develop social skills and gain confidence in sharing. Also a focus on developing listening and attention skills.
Fine Motor skills group Delivered by Level 3 TAs	1:1	Once a week 20 mins per session	Children who have poor fine motor skills and need support using mark-making tools and beginning to forming recognisable letters such as their name. Teachers/T's identify these children and assign them to this specific intervention.	To have increased muscle strength in the hands to improve pencil control and hand strength in turn developing writing skills.
Get Moving Delivered by trained Level 3 TAs	1:6	Twice a week 20 mins per session	Children who appear to be clumsy and have lack of control over their gross motor movements. Teachers/TAs identify these children and assign them to this specific intervention.	To demonstrate further control and confidence in gross motor movements.
1:1 time Delivered by Level 3 TAs	1:1	Once a week 20 mins per session	1:1 Sessions can be beneficial for a range of purposes. To work on a specific skill such as numeracy or to develop the ability to regulate emotions. This may be completed with a child 1:1 if they are not ready to join the group sessions.	To develop skills in the focus area for the particular child.



RECEPTION INTERVENTIONS				
INTERVENTION	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
			Teachers/TAs identify these children and assign them to this specific intervention.	
Girls Group – PSED Delivered by Level 3 TAs	1:8	Once a week 20 mins per session	Girls who struggle to socialise appropriately with adults and peers. Teachers/TAs identify these children and assign them to this specific intervention.	To develop confidence and self-esteem - being more independent in making friendships and engaging with adults and peers.
Number intervention group Delivered by Level 3 TAs	1:8	Once a week 20 mins per session	Children who need additional numeracy intervention to support them to achieve the ELG. Teachers/TAs identify these children and assign them to this specific intervention.	Achieving the Number ELG by applying key number skills independently.
Gingers Delivered by specialist HLTA	1:5	Twice a week 30mins per session	Children with an inability to understand own feelings and the feelings of others. Children's inability to adjust behaviour in different situations. Ginger's Group focuses on exploring and understanding a range of different emotions in different situations.	Increase in specific PSED attainment related to emotions and managing behaviour. Observations of children's increasing awareness and understanding of different emotions in child- initiated play.
Write Dance Delivered by by specialist HLTA	1:7	Twice a week 30mins per session	Children are identified by teachers and TAs prior to transitioning to Reception or when they begin Reception. Many of these children are reluctant to write, have a poor pencil grip or display poor fine motor skills.	Increased confidence to explore writing resources and a developed level of control when using mark making tools is evident.
Language intervention	1:1	Dependent on individual	Children are identified by SENCO and SALT TA. MJ (specialist HLTA) then	Children to make progress with their language development and



YEAR 1- YEAR 6		<i>Listed below are the strategies which are employed in our school to support children within the areas of need as categorised in the SEND Code of Practice:</i>		
	RATIO		IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	
Delivered by specialist HLTA		SALT targets	works with children on specific language targets from SALT reports.	skills.
Nuffield Early Language Intervention (NELI) Delivered by specialist HLTA	1:8	Three times a week 30 mins per session	Children are identified by Specialist HLTA when completing NELI screening.	Children to make progress with their language development and skills.
SALT Delivered by specialist Speech and Language TA	1:1 or small groups	Dependent on individual SALT targets	Children are identified by class teachers/TAs as possibly requiring SALT. They are then referred to SALT by AMA (Speech and Language TA). Children are then provided individual targets which AMA works on with children in school.	Children to make progress with their speech and language development and skills.
Play Therapy Delivered by external play therapist as required	1:1	Once a week	Children are referred to the EP with concerns regarding SEMH needs. The EP service and school collaboratively work together to identify children who would benefit from Play Therapy.	Play therapy is a psychotherapeutic approach which will allow children involved to freely express repressed thoughts and emotions through play.



Universal Approaches

Quality First Teaching

Cognition and Learning:

- High expectations of children and appropriate challenge for all.
- Clear learning objectives and differentiated outcomes, clear instructions.
- Clear feedback and next steps in their learning – children involved in the process and given time to respond.
- Behaviour for learning at the heart of lessons/school ethos.
- Learning walls to support key learning points, including key vocabulary.
- Time to talk things through with a 'talking partner' before feeding back to class.
- Access to ICT to help reduce barriers to learning.
- Alternatives to written recording when writing is not the primary objective.
- Variety of teaching styles and approaches using both open and closed tasks matched to the needs of individuals.
- Multisensory learning approach (visual, auditory and kinesthetic learning) making use of music, actions, graphics etc
- Planning emphasises what children will learn based on an assessment of what the child already knows, understands and can do, 'Assessment for Learning' principles in place.
- Personalised and differentiated teaching, including questioning.
- Learning presented in small chunks. Mini plenaries throughout session to ensure pupils are making good progress. Intervention given to overcome misconceptions.
- Adaptive teaching to ensure all children can achieve the same goals.
- Ability grouping for Literacy and Numeracy across year group and within individual classrooms.
- Visual timetables
- Use of symbols - 'Widgit' software used throughout school
- Where TA support is available, this is used to facilitate smaller teaching groups to ensure that children 'keep up not catch up'.
- Structured school and class routines.
- A mastery approach to teaching is taken.
- All lessons are started with some success criteria.
- Verbal feedback is given to children within lessons.
- Peer and self-assessments are completed where appropriate.
- Consistent marking policy across school.
- Timetable is organised to cater for the learning needs of all children.
- Hands on practical learning with a range of resources to support learning in all lessons.



Communication and Interaction

- Differentiated curriculum planning, activities, delivery and outcome – language used is simplified to cater for the needs of all.
- Clear learning objectives and differentiated outcomes, ensuring clear instructions are given.
- Learning walls to support key learning points, including key vocabulary.
- Time to talk things through with a 'talking partner' before feeding back to class.
- Multisensory learning approach (visual, auditory and kinesthetic learning) making use of music, actions, graphics etc
- Increased visual aids.
- Ensuring all tasks/activities are modelled by the teacher/teaching assistant
- Visual timetables
- Use of symbols - 'Widgit' software used throughout school.
- Use of Makaton where necessary
- Structured school and class routines

Social, Emotional and Mental Health difficulties

- Whole school positive behaviour policy.
- Behaviour for learning at the heart of lessons/school ethos.
- High expectations of children.
- Circle Time.
- Merit Reward System.
- VIPs rewards system.
- Team points are awarded to children.
- Assemblies: VIPs celebrated in assembly.
- Regular CPD for staff to maintain a consistent approach to positive behaviour management strategies across school.
- De-escalation and positive praise - whole school approach is taken.
- Consistent behaviour pathway is used across school.
- Learning Mentor Team support vulnerable children in breaking down barriers to learning.
- Structured school and class routines.
- Visual timetables
- Use of symbols - 'Widgit' software used throughout school
- Use of a calm room



Sensory and/or Physical Needs

- Flexible teaching arrangements.
- Staff aware of implications of physical impairment.
- Access/use of lift if necessary.
- Access to ICT to help reduce barriers to learning.
- Alternatives to written recording when writing is not the primary objective.
- Multisensory learning approach (visual, auditory and kinesthetic learning) making use of music, actions, graphics etc
- Use of symbols - 'Widgit' software used throughout school.



YEAR 1 INTERVENTIONS				
YEAR 1 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
Phonics 1:1 Delivered by trained Level 2 TAs	1:1	Daily 10 mins per child	Half termly phonics assessments identify children who need this intervention and also identify when they have made good progress so that the intervention is not needed any further. Phonics tutors also complete daily assessments on individual children which are fed back to Reading Leader half termly.	To learn and retain new sounds from set 1, 2 and 3 and successfully and independently blend.
Precision teaching – reading focus Delivered by Level 2, 3 TA's. HLTA'S also lead sessions.	1:1	Daily 10 mins per child	LSS Literacy assessments identify children who require reading PT intervention. Daily tracking is completed by member of staff delivering intervention and half termly assessments are to track progress children are making.	To increase the amount of High Frequency words a child can read with increasing accuracy and fluency in reading leading to increased levels of comprehension.
Learning Mentor 1:1's Delivered by a Learning Mentor.	1:1	Once a week 15 mins per child	Children who are struggling to regulate their emotions. This may be linked to a specific event that has occurred such as bereavement/loss. An SDQ is completed by class teacher to identify specific area of need.	For children to be able manage emotions with greater independence and develop an awareness of how they are feeling. Children will also have developed a bank of strategies they can use to deal with related emotions and have a positive relationship with a special adult who they can talk to about their feelings.
LM friendship group Delivered by a	1:6	Once a week 30 mins per session	Children identified who have poor social skills. The group is often mixed ability which allows peer role models	To encourage the development of social skills and introduce all children in Year 1 to the Safari Room and the Learning



YEAR 1 INTERVENTIONS				
YEAR 1 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
Learning Mentor.			to provide positive social examples.	Mentors who work in there.
SALT Delivered by specialist Speech and Language TA	1:1 or small groups	Dependent on individual SALT targets	Children are identified by class teachers/TAs as possibly requiring SALT. They are then referred to SALT by AMA (Speech and Language TA). Children are then provided individual targets which AMA works on with children in school.	Children to make progress with their speech and language skills.
Specialist ASD TA 1:1 time	1:1	As and when needed/ identified	Children who are diagnosed with ASD and are working directly with AoS. AoS recommendations are used as a basis of this intervention time.	To support communication and social interaction with peers. To develop understanding of the school day and daily routines. To identify and support sensory needs.
Play Therapy Delivered by external Play Therapist as required	1:1	Once a week	Children are referred to the EP with concerns regarding SEMH needs. The EP service and school collaboratively work together to identify children who would benefit from Play therapy.	Play therapy is a psychotherapeutic approach which will allow children involved to freely express repressed thoughts and emotions through play.
Steve Brown Behaviour Support Delivered by external consultant as required	1:1	Half Termly Reviews	Children are referred to Steve Brown for support, advice and strategies to deal with challenging behaviours. Children are identified through professional discussions and behaviour tracking.	Ideas/strategies for school to implement to support behaviour in school. For children to access 1:1 sessions with Steve and become aware of strategies that they can use to independently self-regulate.



YEAR 1 INTERVENTIONS				
YEAR 1 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
Get Moving Delivered by trained Level 3 TAs	1:6	Twice a week 20 mins per session	Children who appear to be clumsy and have lack of control over their gross motor movements. Teachers/TAs identify these children and assign them to this specific intervention. Occupational Therapy also recommends children to complete this intervention.	To demonstrate further control and confidence in gross motor movements.



YEAR 2 INTERVENTIONS				
INTERVENTION	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
Phonics 1:1s Delivered by trained by Level 2 TAs	1:1	Daily 10 mins per child	Half termly phonics assessments identify children who need this intervention and also identify when they have made good progress so that the intervention is no longer needed. Phonics tutors also complete daily assessments on individual children which are fed back to Reading Leader half termly.	To learn and retain new sounds from set 1 ,2 and 3 and successfully and independently blend.
LM 1:1s (including Sand Play, Drawing and Talking) Delivered by a Learning Mentor.	1:1/ small group (depending on needs)	Once a week (can be more regular depending on severity of need) 15 mins per session	Children who are struggling to regulate their emotions. This may be linked to a specific event that has occurred such as bereavement/loss etc. An SDQ is completed by class teacher to identify a specific area of need. Recommendations for specific therapies can also occur through the EP service.	For children to have developed an awareness of how they are feeling and be able manage emotions with greater independence. Children will also have developed a bank of strategies they can use to deal with related emotions and have a positive relationship with a special key adult who they can talk to about their feelings.
LM 1:1 (Lego Play) Delivered by a Learning Mentor.	1:1	Once a week (can be more regular depending on severity of need) 15 mins per	Children who are struggling to regulate their emotions. This may be linked to a specific event that has occurred such as bereavement/loss etc. An SDQ is completed by class teacher to identify a specific area of need. Recommendations for specific therapies can also occur through the EP service. Lego Play can also support	For children to have developed an awareness of how they are feeling and be able manage emotions with greater independence. Children will also have developed a bank of strategies they can use to deal with related emotions and have a positive relationship with a special key adult who they can talk to about their feelings.



YEAR 2 INTERVENTIONS				
INTERVENTION	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
		session	children who are struggling to follow instructions by providing a play- based activity to encourage and support the ability to follow instructions.	To support and develop the ability to follow instructions.
LM Transition Support Delivered by a Learning Mentor.	1:6	Once a week (Summer Term)	Children are identified as vulnerable/have attachment needs or require addition transitional support due to anxieties about moving into Key Stage 2.	For children to be more prepared for the transition to Key Stage 2. Children will identify with a special person that they can build a relationship with and share their feelings with and go to for additional support.
SALT Delivered by specialist Speech and Language TA	1:1 or small groups	Dependent on individual SALT targets	Children are identified by class teachers/TAs as possibly requiring SALT. They are then referred to SALT by AMA (Speech and Language TA). Children are then provided individual targets which AMA works on with children in school.	Children make progress with their speech and language skills.
Precision teaching – reading focus Delivered by Level 2, 3 TA's. HLTA'S also lead sessions.	1:1	Daily 10 mins per child	LSS Literacy assessments identify children who require reading PT intervention. Daily tracking is completed by members of staff delivering intervention and half-termly assessments are to track progress children are making.	To increase the amount of High Frequency words a child can read, increasing accuracy and fluency in reading, leading to increased levels of comprehension.



YEAR 2 INTERVENTIONS				
INTERVENTION	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
Specialist ASD TA 1:1 time	1:1	As and when needed/ identified	Children who are diagnosed with ASD and are working directly with AoS, or children undergoing ASD diagnosis. AoS recommendations are used as a basis of this intervention time.	To support communication and social interaction with peers. To develop understanding of the school day and daily routines. To identify and support sensory needs.
Play Therapy Delivered by external play therapist as required	1:1	Once a week	Children are referred to the EP with concerns regarding SEMH needs. The EP service and school collaboratively work together to identify children who would benefit from Play Therapy.	Play therapy is a psychotherapeutic approach which will allow children involved to freely express repressed thoughts and emotions through play.
Steve Brown Behaviour Support Delivered by external consultant as required	1:1	Half Termly Reviews	Children are referred to Steve Brown for support, advice and strategies to deal with challenging behaviours. Children are identified through professional discussions and behaviour tracking.	Ideas/strategies for school to implement to support behaviour in school. For children to access 1:1 sessions with Steve and become aware of strategies that they can use to independently self-regulate.
Get Moving Delivered by trained Level 3 TAs	1:6	Twice a week 20 mins per session	Children who lack control over their gross motor movements. Teachers/TAs identify these children and assign them to this specific intervention. Occupational Therapy also recommends children to complete this intervention.	To demonstrate further control and confidence in gross motor movements.



YEAR 3 INTERVENTIONS				
YEAR 3 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
Phonics 1:1s - Delivered by trained Level 2 TAs	1:1	Daily 10 mins per child	Half termly phonics assessments identify children who need this intervention and also identify when they have made good progress that the intervention is no longer needed. Phonics tutors also complete daily assessments on	To learn and retain new sounds from set 1 ,2 and 3 and successfully and independently blend.



YEAR 3 INTERVENTIONS				
YEAR 3 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
			individual children which are fed back to Reading Leader half termly.	
Precision teaching – reading focus Delivered by Level 2, 3 TA's. HLTA'S also lead sessions.	1:1	Daily 10 mins per child	LSS Literacy assessments identify children who require reading PT intervention. Daily tracking is completed by member of staff delivering intervention and half termly assessments are to track progress children are making.	To increase the amount of High Frequency words a child can read increasing accuracy and fluency in reading, leading to increased levels of comprehension.
LM 1:1s (including sand play, drawing and talking) Delivered by a Learning Mentor.	1:1/ small group (depending on needs)	Once a week (can be more regular depending on severity of need) 15 mins per session	Children who are struggling to regulate their emotions. This may be linked to a specific event that has occurred such as bereavement/loss etc. An SDQ is completed by class teacher to identify a specific area of need. Recommendations for specific therapies can also occur through the EP service.	For children to have developed an awareness of how they are feeling and be able to manage emotions with greater independence. Children will also have developed a bank of strategies they can use to deal with related emotions and have a positive relationship with a special key adult who they can talk to about their feelings.
LM 1:1s (Lego play) Delivered by a Learning Mentor.	1:1	Once a week (can be more regular depending on severity of need)	Children who are struggling to regulate their emotions. This may be linked to a specific event that has occurred such as bereavement/loss etc. An SDQ is completed by class teacher to identify a specific area of need. Recommendations for specific	For children to have developed an awareness of how they are feeling and be able manage emotions with greater independence. Children will also have developed a bank of strategies they can use to deal with related emotions and have a positive relationship with a special key adult who they can talk to about their



YEAR 3 INTERVENTIONS				
YEAR 3 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
		15 mins per session	therapies can also occur through the EP service. Lego Play can also support children who are struggling to follow instructions by providing a play-based activity to encourage and support the ability to follow instructions.	feelings. To support and develop the ability to follow instructions.
LM friendship group Delivered by a Learning Mentor.	1:6	Once a week 30 mins per session	Children identified who have poor social skills. The group is often mixed ability so this allows peer role models to provide positive social examples.	To encourage the development of social skills and how to appropriately socialise with peers. Children have developed relationships with peers.
Additional Group Early Start session (Little Gems) Delivered by Teacher and a Level 2 TA	2:10	Daily	Most children who access the 'Little Gems' group are children who were part of the KS1 nurture provision. Many of these children still require a more nurture-based approach to prepare them for the school day.	A morning session to welcome, settle and prepare the children for the school day ahead.
Social Skills Intervention Delivered by a Level 3 specialist TA	1:4	1x weekly 30 mins	Children with/undergoing a diagnosis of ASD or those needing help with social understanding and appropriate behaviours.	To talk about different social scenarios through play and demonstrate appropriate reactions. Talk about and discuss how people may feel in relation to their actions towards others and the impact this may have on themselves. Developing the ability to socialise with peers during play, increased ability to take turns and to



YEAR 3 INTERVENTIONS				
YEAR 3 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
				listen/be aware of others and their differing opinions or behaviours
SALT Delivered by specialist Speech and Language TA	1:1 or small groups	Dependent on individual SALT targets	Children are identified by class teachers/TAs as possibly requiring SALT. They are then referred to SALT by AMA (Speech and Language TA). Children are then provided individual targets which AMA works on with children in school.	Children to make progress with their speech and language skills.
Specialist ASD TA 1:1 time Delivered by Level 3 specialist TA	1:1	As needed	Children who are diagnosed with ASD and are working directly with AoS or children undergoing ASD diagnosis. AoS recommendations are used as a basis of this intervention time.	To support communication and social interaction with peers. To develop understanding of the school day and daily routines. To identify and support sensory needs.
CHIMP Delivered by the Learning Mentor Team	1:1	Once a week Or dependent on individual need.	Children are identified through behaviour tracking and also teacher referrals into the Learning Mentor Team.	Supporting children to recognise their emotional needs and strategies to overcome barriers they may face.
Play Therapy Delivered by external play therapist as required	1:1	Once a week	Children are referred to the EP with concerns regarding SEMH needs. The EP service and school collaboratively work together to identify children who would benefit from Play Therapy.	Play therapy is a psychotherapeutic approach which will allow children involved to freely express repressed thoughts and emotions through play.



YEAR 3 INTERVENTIONS				
YEAR 3 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
Steve Brown Behaviour Support Delivered by external consultant as required	1:1	Half Termly Reviews	Children are referred to Steve Brown for support, advice and strategies to deal with challenging behaviours. Children are identified through professional discussions and behaviour tracking.	Ideas/strategies for school to implement to support behaviour in school. For children to access 1:1 sessions with Steve and become aware of strategies that they can use to independently self-regulate.
Get Moving Delivered by trained Level 3 TAs	1:6	Twice a week 20 mins per session	Children who need support with control over their gross motor movements. Teachers/TAs identify these children and assign them to this specific intervention. Occupational Therapy also recommends children to complete this intervention.	To demonstrate further control and confidence in gross motor movements.

YEAR 4 INTERVENTIONS				
YEAR 4 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME



YEAR 4 INTERVENTIONS				
YEAR 4 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
LM Friendship Group (Conflict Resolution/Solution Focus) Delivered by a Learning Mentor.	1:6	Once a week 30 mins per session	Children identified who have poor social skills. Behaviour tracking can highlight key children that would benefit from this intervention. Parents also liaise with school to identify these children.	To encourage the development of social skills and how to appropriately socialise with peers. Children to have developed relationships with peers. To support children to identify their own triggers and how they can resolve their social issues.
LM 1:1s (including sand play, drawing and talking) Delivered by a Learning Mentor.	1:1 small group (depending on needs)	Once a week (can be more regular depending on severity of need) 15 mins per session	Children who are struggling to regulate their emotions. This may be linked to a specific event that has occurred such as bereavement/loss etc. An SDQ is completed by class teacher to identify a specific area of need. Recommendations for specific therapies can also occur through the EP service.	For children to have developed an awareness of how they are feeling and to be able to manage emotions with greater independence. Children will also have developed a bank of strategies they can use to deal with related emotions and have a positive relationship with a special key adult who they can talk to about their feelings.
LM 1:1's (Lego play) Delivered by a Learning Mentor.	1:1	Once a week (can be more regular depending on severity of need) 15 mins per session	Children who are struggling to regulate their emotions. This may be linked to a specific event that has occurred such as bereavement/loss etc. An SDQ is completed by class teacher to identify a specific area of need. Recommendations for specific therapies can also occur through the EP service. Lego Play can also support children who are struggling to follow instructions by providing a play-based activity to encourage and	For children to have developed an awareness of how they are feeling and be able to manage emotions with greater independence. Children will also have developed a bank of strategies they can use to deal with related emotions and have a positive relationship with a special key adult who they can talk to about their feelings. To support and develop the ability to follow instructions.



YEAR 4 INTERVENTIONS				
YEAR 4 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
			support the ability to follow instructions.	
Precision teaching – reading focus Delivered by Level 2, 3 TA's. HLTA'S also lead sessions.	1:1	Daily 10 mins per child	LSS Literacy assessments identify children who require reading PT intervention. Daily tracking is completed by members of staff delivering intervention and half-termly assessments are to track progress children are making.	To increase the amount of High Frequency words a child can read increasing accuracy and fluency in reading, leading to increased levels of comprehension.
Social Skills Delivered by a Level 3 specialist TA.	1:4	1x weekly 30 mins	Children with/undergoing a diagnosis of ASD or those needing help with social understanding and appropriate behaviours.	To talk about different social scenarios through play and demonstrate appropriate reactions. Talk about and discuss how people may feel in relation to their actions towards others and the impact this may have on themselves. Developing the ability to socialise with peers during play, increased ability to take turns and to listen/be aware of others and their differing opinions or behaviours
SALT Delivered by specialist Speech and Language TA	1:1 or small groups	Dependent on individual SALT targets	Children are identified by class teachers/TAs as possibly requiring SALT. They are then referred to SALT by AMA (Speech and Language TA). Children are then provided individual targets which AMA works on with children in school.	Children to make progress with their speech and language skills.



YEAR 4 INTERVENTIONS				
YEAR 4 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
CHIMP Delivered by a Learning Mentor	1:1	Once a week Or dependent on individual need.	Children are identified through behaviour tracking and also teacher referrals into the Learning Mentor Team.	Supporting children to recognise their emotional needs and strategies to overcome barriers they may face.
Play Therapy Delivered by external play therapist as required	1:1	Once a week	Children are referred to the EP with concerns regarding SEMH needs. The EP service and school collaboratively work together to identify children who would benefit from Play Therapy.	Play therapy is a psychotherapeutic approach which will allow children involved to freely express repressed thoughts and emotions through play.



YEAR 4 INTERVENTIONS				
YEAR 4 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
YEAR 5 INTERVENTIONS				
YEAR 5 INTERVENTION	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
LM Friendship Group Delivered by a Learning Mentor.	1:6	Once a week 30 mins per session	Children identified who have poor social skills. The group is often mixed ability and this allows peer role models to provide positive social examples.	To encourage the development of social skills and how to appropriately socialise with peers. Children to have developed relationships with peers.
LM 1:1s (including sand play, drawing and talking) Delivered by a Learning Mentor.	1:1 small group (depending on needs)	Once a week (can be more regular depending on severity of need) 15 mins per session	Children who are struggling to regulate their emotions. This may be linked to a specific event that has occurred such as bereavement/loss etc. An SDQ is completed by class teacher to identify a specific area of need. Recommendations for specific therapies can also occur through the EP service.	For children to have developed an awareness of how they are feeling and be able manage emotions with greater independence. Children will also have developed a bank of strategies they can use to deal with related emotions and have a positive relationship with a special key adult who they can talk to about their feelings.



YEAR 4 INTERVENTIONS				
YEAR 4 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
LM 1:1's (Lego play) Delivered by a Learning Mentor.	1:1	Once a week (can be more regular depending on severity of need) 15 mins per session	<p>Children who are struggling to regulate their emotions. This may be linked to a specific event that has occurred such as bereavement/loss etc. An SDQ is completed by class teacher to identify a specific area of need. Recommendations for specific therapies can also occur through the EP service.</p> <p>Lego Play can also support children who are struggling to follow instructions by providing a play-based activity to encourage and support the ability to follow instructions.</p>	<p>For children to have developed an awareness of how they are feeling and to be able to manage emotions with greater independence. Children will also have developed a bank of strategies they can use to deal with related emotions and have a positive relationship with a special key adult who they can talk to about their feelings.</p> <p>To support and develop the ability to follow instructions.</p>



YEAR 5 INTERVENTIONS				
YEAR 5 INTERVENTION	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
Social Skills Delivered by a specialist Level 3 TA	1:6	1x weekly 30 mins	Children with/undergoing a diagnosis of ASD or those needing help with social understanding and appropriate behaviours.	To talk about different social scenarios through play and demonstrate appropriate reactions. Talk about and discuss how people may feel in relation to their actions towards others and the impact this may have on themselves. Developing the ability to socialise with peers during play, increased ability to take turns and to listen/be aware of others and their differing opinions or behaviours
Precision teaching – reading focus Delivered by Level 2, 3 TA's. HLTA'S also lead sessions.	1:1	Daily 10 mins per child	LSS Literacy assessments identify children who require reading PT intervention. Daily tracking is completed by members of staff delivering intervention and half-termly assessments are to track progress children are making.	To increase the amount of High Frequency words a child can read, increasing accuracy and fluency in reading, leading to increased levels of comprehension.
SALT Delivered by specialist Speech and Language TA	1:1 or small groups	Dependent on individual SALT targets	Children are identified by class teachers/TAs as possibly requiring SALT. They are then referred to SALT by AMA (Speech and Language TA). Children are then provided individual targets which AMA works on with children in school.	Children to make progress with their speech and language skills.
Specialist ASD TA 1:1 time	1:1	As needed	Children who are diagnosed with ASD and are working directly with AoS or children undergoing ASD	To support communication and social interaction with peers. To develop understanding of the school day and daily



YEAR 5 INTERVENTIONS				
YEAR 5 INTERVENTION	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
Delivered by a specialist Level 3 TA			diagnosis. AoS recommendations are used as a basis of this intervention time.	routines. To identify and support sensory needs.
CHIMP Delivered by a Learning Mentor	1:1	Once a week (Or dependent on individual needs.)	Children are identified through behaviour tracking and also teacher referrals into the Learning Mentor Team.	Supporting children to recognise their emotional needs and strategies to overcome barriers they may face.
Play Therapy Delivered by external play therapist as required	1:1	Once a week	Children are referred to the EP with concerns regarding SEMH needs. The EP service and school collaboratively work together to identify children who would benefit from Play Therapy.	Play therapy is a psychotherapeutic approach which will allow children involved to freely express repressed thoughts and emotions through play.
Steve Brown Behaviour Support Delivered by external consultant as required	1:1	Half Termly Reviews	Children are referred to Steve Brown for support, advice and strategies to deal with challenging behaviours. Children are identified through professional discussions and behaviour tracking.	Ideas/strategies for school to implement to support behaviour in school. For children to access 1:1 sessions with Steve and become aware of strategies that they can use to independently self-regulate.



YEAR 6 INTERVENTIONS				
YEAR 6 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
LM 1:1s (including sand play, drawing and talking) Delivered by a Learning Mentor.	1:1 small group (depending on needs)	Once a week (can be more regular depending on severity of need) 15 mins per session	Children who are struggling to regulate their emotions. This may be linked to a specific event that has occurred such as bereavement/loss etc. An SDQ is completed by class teacher to identify a specific area of need. Recommendations for specific therapies can also occur through the EP service.	For children to have developed an awareness of how they are feeling and be able manage emotions with greater independence. Children will also have developed a bank of strategies they can use to deal with related emotions and have a positive relationship with a special key adult who they can talk to about their feelings.
LM 1:1's (Lego play) Delivered by a Learning Mentor.	1:1	Once a week (can be more regular depending on severity of need) 15 mins per session	Children who are struggling to regulate their emotions. This may be linked to a specific event that has occurred such as bereavement/loss etc. An SDQ is completed by class teacher to identify a specific area of need. Recommendations for specific therapies can also occur through the EP service. Lego Play can also support children who are struggling to follow instructions by providing a play-based activity to encourage and support the ability to follow instructions.	For children to have developed an awareness of how they are feeling and be able to manage emotions with greater independence. Children will also have developed a bank of strategies they can use to deal with related emotions and have a positive relationship with a special key adult who they can talk to about their feelings. To support and develop the ability to follow instructions.



YEAR 6 INTERVENTIONS				
YEAR 6 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
LM Transition Support Delivered by a Learning Mentor.	1:6	Once a week (Summer Term)	Children are identified as vulnerable/have attachment needs or require additional transitional support due to anxieties about to High School.	For children to be more prepared about the transition to High School. Children will identify a special key person that they can share their feelings with and feel confident to go to for additional support/preparation for the transition to High School.
Social Skills Delivered by a specialist Level 3 TA	1:6	1x weekly 30 mins per session	Children with/undergoing a diagnosis of ASD or those needing help with social understanding and appropriate behaviours.	To talk about different social scenarios through play, and demonstrate appropriate reactions. Talk about and discuss how people may feel in relation to their actions towards others and the impact this may have on themselves. Developing the ability to socialise with peers during play, increased ability to take turns and to listen/ be aware of others and their differing opinions or behaviours
Transition Support Delivered by a specialist Level 3 TA	1:6	Once a week 30 mins (Summer Term)	Children with / undergoing diagnosis of ASD or those needing additional support due to anxieties related to moving on.	To support the anxieties and questions of children moving up to Yr7. To look at different schools and what might be expected from them. Look at the differences between primary and high schools. How to start being independent in getting to places on their own. How to ask questions but also who to ask these questions to. Role play on different scenarios of what could happen and how they can deal with them.
Precision teaching –	1:1	Daily 10 mins per	LSS Literacy assessments identify children who require reading PT	To increase the amount of High Frequency words a child can read



YEAR 6 INTERVENTIONS				
YEAR 6 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
reading focus Delivered by Level 2, 3 TA's. HLTA'S also lead sessions.		child	intervention. Daily tracking is completed by member of staff delivering intervention and half-termly assessments are to track progress children are making.	increasing accuracy and fluency in reading leading to increased levels of comprehension.
Specialist ASD TA 1:1 time Delivered by a specialist Level 3 TA	1:1	As needed	Children who are diagnosed with ASD and are working directly with AoS or children undergoing ASD diagnosis. AoS recommendations are used as a basis of this intervention time.	To support communication and social interaction with peers. To develop understanding of the school day and daily routines. To identify and support sensory needs.
SALT Delivered by specialist Speech and Language TA	1:1 or small groups	Dependent on individual SALT targets	Children are identified by class teachers/TAs as possibly requiring SALT. They are then referred to SALT by AMA (Speech and Language TA). Children are then provided individual targets which AMA works on with children in school.	Children to make progress with their speech and language skills.
CHIMP Delivered by a Learning Mentor	1:1	Once a week Or dependent on individual need.	Children are identified through behaviour tracking and also teacher referrals into the Learning Mentor Team.	Supporting children to recognise their emotional needs and strategies to overcome barriers they may face.



YEAR 6 INTERVENTIONS				
YEAR 6 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
Play Therapy Delivered by external play therapist as required	1:1	Once a week	Children are referred to the EP with concerns regarding SEMH needs. The EP service and school collaboratively work together to identify children who would benefit from Play Therapy.	Play therapy is a psychotherapeutic approach which will allow children involved to freely express repressed thoughts and emotions through play.
Steve Brown Behaviour Support Delivered by external consultant as required	1:1	Half Termly Reviews	Children are referred to Steve Brown for support, advice and strategies to deal with challenging behaviours. Children are identified through professional discussions and behaviour tracking.	Ideas/strategies for school to implement to support behaviour in school. For children to access 1:1 sessions with Steve and become aware of strategies that they can use to independently self-regulate.



KEY STAGE 2 PROVISIONS				
INTERVENTION	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
Shooting Stars Complex Learning Difficulties (CLD) Provision	4:21	Every Day With access to mainstream classroom for Child's strength lessons	The provision was created to meet the needs of a group of KS2 children with EHCP's/undergoing statutory assessment for an EHCP. All children have a primary need of cognition and learning which is intensified by speech and language difficulties, social and emotional and mental health needs and/or physical disabilities. Some of the children within this group may have been placed in a special school, but parents have chosen for them to remain within a mainstream setting with appropriate levels of support.	The children within the provision should make good personal progress with their literacy and numeracy skills as well as with their ability to work collaboratively, socialise and communicate appropriately developing resilience, self-esteem and independence throughout their learning opportunities.



WHOLE SCHOOL PROVISIONS				
INTERVENTION	STAFF/CHILD RATIO	FREQUENCY	ASSESSMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
Rainbow Room - Whole School Nurture Group Provision	6:22 With access to mainstream classroom for Child's strength lessons	Daily- 8.40am- 2.00pm	Children identified for the Nurture Group have a range of Social, Emotional Mental Health needs. Many of these children are identified before the transition into Year 1.	The Nurture Group provides some of our most vulnerable children with a provision that supports the development of their Social, Emotional and Mental Health needs. This includes the children being taught skills to help them self-regulate and ultimately, manage their own behaviour.
The Nest	2:15	Children access this provision from 8:40 – 9:10 10:00 – 10:25 3:00 – 3:20	Children identified for the Nest have a range of Social, Emotional Mental Health needs. Many of these children are identified because they have intervention from CAMHS, EPE or Learning Mentor support. They may be identified because of their reluctance or have difficulty in coming to school.	The Nest provides some of our most vulnerable children with a provision that supports the development of their social and emotional needs. It is an opportunity to support the children being more successful in their school day.
Little Stars	3:9	Daily 8:40am- 2:20pm access to mainstream where appropriate	The provision was created to meet the needs of a group of children with complex needs some children have EHCP's or are undergoing statutory assessment for an EHCP. Some of the children within this group may access mainstream classroom for key parts of the day that are relevant and specific to the individual child.	The children within the provision should make good personal progress with their English and Maths skills as well as with their ability to work collaboratively, socialise and communicate appropriately developing resilience, self-esteem and independence throughout their learning opportunities.



WHOLE SCHOOL PROVISIONS				
INTERVENTION	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
Twinkle Room	3:9	Daily 8:40am- 2:20pm access to mainstream where appropriate	Twinkle Room is a mixed age, needs led SEND provision. The provision was created to meet the needs of a group of children with EHCP's /undergoing statutory assessment for an EHCP. Children within the provision have a range of complex needs from Communication and Interaction needs, Cognition and learning needs, Social and Emotional and Mental Health difficulties and/or physical disabilities, requiring specialist teaching and provision. Some of the children within this group may have been placed in a specialist school, but parents have chosen for them to remain within a mainstream setting with appropriate, enhanced levels of support. In many cases some these children are awaiting placement in a Specialist School.	The children within the provision should make good personal progress with their key skills in particular their personal, social and emotional development as well as their ability to communicate appropriately in relation to their individual needs, developing resilience, self-esteem and independence throughout their learning opportunities



