

EARLY YEARS	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:
Universal Approaches- Quality First Teaching	 Komition and Learning. 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 environments provide holistic supportive educational environments for all children Time to talk with a 'talking partner'. Variety of teaching styles and approach (visual, auditory and konescheduc learning) making use of mukic, actions, graphics etc Planning emphasises what children willdern based on an selectment of what the child already knows, understands and can do, 'Assessment for Learning' principles in place. Personalised and Tighteentiated reaching, including questioning. Learning prosent (visual, auditory and konescheduc learning) making use of mukic, actions, graphics etc Planning emphasizes what children willdern based on an selectment of what the child already knows, understands and can do, 'Assessment for Learning' principles in place. Personalised and Tighteentiated reaching, including questioning. Learning presented in small chunke Mini plenafes throughout session to ensure pupils are making good progress. Intervention given to overcome misconceptions. Adaptiva tracching to ensure all children can achieve the same goals. Milty growping for Literacy and Numeracy. Use of 'Makaton' across the phase. Structured school and class routines. A mastery approach to teaching is taken. All lessons are started with a surceds or fireria. Verbal feedbacki signer to children with remons. Consistint marking policy across condition. Werbal feedbacki signer to children with remons. Consistint marking policy across condition. Key vocubary andduestioning are highlighted on staff planning. Hands-on p



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EARLY YEARS	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:
	 Sensory and/or Physical Needs Flexible teaching arrangements. Use of fidget toys to help children regulate 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, graphies etc. Use of symbols- 'Widgit' software used throughout school A new sensory room Calm room
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			RECEPTION INTERVENTIONS		
INTERVENTION	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT 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.	001
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.	



INTERVENTION	STAFF/CHILD	FREQUENCY	ASSESMENT TOOL USED TO IDENTIFY	EXPECTED OUTCOME
<mark>1:<mark>1 time</mark> Delivered by Level 3 TAs</mark>	RATIO 1:1	Once a week 20 mins per session	CHILDREN/ ENTRY/EXIT CRITERIA 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. Teachers/TAs identify these children and assign them to this specific intervention.	To develop skills in the focus area for the particular child.
<mark>Girls Group – PSED</mark> 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.



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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.	
<mark>Language</mark> intervention Delivered by specialist HLTA	1:1	Dependent on individual SALT targets	Children are identified by SENCO and SALT TA. MJ (specialist HLTA) then works with children on specific language targets from SALT reports.	Children to make progress with their language development and 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.	501
Ladybirds room EYFS/KS1 SEND Provision	3:6	Children access this room when necessary.	Children who are struggling to cope in the mainstream classroom. The Ladybirds room is used a break out space to complete tasks or engage in play based activities when children are finding the busy, vibrant Reception classroom too overwhelming.	Allows children to regulate their emotions and continue to complete tasks or play based activities relevant to their learning.	
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.	



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INTERVENTION	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT 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.
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YEAR 1- YEAR 6	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:
Universal Approaches - Quality First Teaching	 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 ignot theprimary objective. Variety of teaching styles and approaches what both oces and lossed tasks matched to the needs of individuals. Multisensory learning agnoted visual, auditay and kinestheric learning making use of music, actions, graphics etc Planning endriebses what children will learn baced on an assessment of what the child already knows, understands and can do, 'Assessment for Learning' principles ented in small churks. Mini plenaries throughout session to ensure pupils are making good progress. Intervention given to overcome macconceptons. Ability grouping for Literacy and Numeracy across year group and within individual Responses. Visual timetables Use of symbols - 'Widgit' software used throughout school Where TA support is available, this is used to fadinate smaller teaching groups to ensure that children 'keep up not catch up'. Structured school and class routines'. Altersbash sing target of tables in the success or typeria. Verba heabbash size started with ans success or typeria. Verba heabbash is want to children within lessons. Peer and kelf assessments are completed where appropriate. Verba heabbash is systemed to cater for the learning needs of all children. Hands on practical learning with a range of resources to support learning in all l



YEAR 1- YEAR 6	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:	
	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 optics, 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, praphrasete: Increased visual alds. Ensuring all tasks/activities are modelled by the teacher/teaching assistant Visual timetables Use of symbols - Wrdgit' offware used utrogehout school. Use of Symbols - Wrdgit's offware used utrogehout school. Use of Symbols - Wrdgit's offware used utrogehout school. Whole school positive behaviour policy. Bebaviour for learning at the heart of lessons/school ethos. High expectations of children. Circle Time. Merit Reward System. ViPs rewards system. YiPs rewards system. Regular CPD foritachtro mannan a consistent approach to positive behaviour management strategies across school. De schable and to children. Circle Time. Regular CPD foritachtro mannan a consistent approach is taken. Consistent behaviour pathways used across school. Berahakon and positive behavious approach is taken. Consistent behaviour pathways used across school. Learning Manter Team support vu	
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	 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.
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YEAR 1 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT 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 TAs	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.	00
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.	
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YEAR 1 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT 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 which allows peer role models to provide positive social examples.	To encourage the development of social skills and introduce all children in Year 1 to the Safari Room and the Learning 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 INTERVENTIONSSTAFF/CHILD RATIOFREQUENCYASSESMENT TOOU USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIAEXPECTED OUTCOMEGet Moving Delivered by trained Level 3 TAS1.6Twice a week 20 mins per sessionChildren 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.
Delivered by trained Level 3 TAs20 mins per sessionhave lack of control over their gross motor movements. Teachers/TAs identify these children and assign them to this specific intervention. Occupational Therapy also recommendconfidence in gross motor movements.
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			YEAR 2 INTERVENTIONS		
INTERVENTION	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT 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.	00
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INTERVENTION	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
LM 1:1 (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 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. To support and develop the ability to follow
	N	15 mins per session	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.	instructions.
LM Transition Support Delivered by a Learning Mentor.	1:6	Once a week (Summer Term)	Children are identified who are vulnerable/have attachment needs or require addition transitional support due to anxieties about moving into Key Stage 2.	For children to be more prepared about the transition to Key Stage 2. Children will identify 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 to make progress with their speech and language skills.



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INTERVENTION	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME	
Precision teaching – reading focus Delivered by Level 2 TAs	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.	
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.	\frown
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.	



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INTERVENTION	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 recommend children to complete this intervention.	To demonstrate further control and confidence in gross motor movements.
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INTERVENTIONSTAFF/CHILD RATIOFREQUENCYASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIAEXPECTED OUTCOMERainbow Room - Whole School Nurture Group Provision6:22Daily-8.40am 2.00pmChildren identified for the Nurture Group have a for oup ProvisionThe Nurture Group provides some of our most vulterable children uith a provision that supports the development of their Social, Emotional Mental Health needs. Many of these children are identified before the transition into Year 1. Boxall profile assessments are completed to provide are completed to provide are so f need for each individual child.The Nurture Group provides some of our most vulterable children with a provision that supports the development of their Social, Emotional Mental Health needs. Many of these children are individual child.Sumflowers2,12Vith access to mainstream Classroom for Child's strength lessonsThe provision was created to meet the needs of a group of KS2 children with slow progress and low attainment in Literacy and Numeracy. All children with may be exacetbated of within may be exacetbated of mony provision and mental mony				KEY STAGE 1 PROVISIONS		
Whole School Nurture Group Provision2.00pmNurture Group have a rage of Social, Emotional and Mental Health needs. Many of these children are identified before the transition into, Year 1. Boxall profile assessments are completed to provide a rease of need for each individual child.children with a provision that supports the development of their Social, Emotional and Mental Health needs. Their Social, Emotional and Mental Health needs. Their Social, Emotional and Mental Health needs. Many of these children are identified before the transition into, Year 1. Boxall profile assessments are completed to provide a rease of need for each individual child.children with a provision that supports the development of their Social, Emotional and Mental Health needs. The individues the children being taupet skills to help them self- regulate and ultimately, manage their own behaviour.Sumflowers21.2 With access to mainstream classroom for Child's strength lessonsEvery Day With access to mainstream classroom for strength lessonsThe provision was created to meet the needs of a group of KS2 children with slow progress and low Numeracy. All children have a primary need of cognition and learning which mary be exacerbated by speech and language difficulties, social and emotional and mentalThe children within the provision should make good personal progress with their literacy and numeracy skills as well as their development and progress in the wider	INTERVENTION		FREQUENCY	TO IDENTIFY CHILDREN/	EXPECTED OUTCOME	
With access to mainstream classroom for Child's strength lessonsEvery Dayto meet the needs of a group of KS2 children with slow progress and low attainment in Literacy and Numeracy. All children have a primary need of cognition and learning which may be exacerbated by speech and language difficulties, social and emotional and mentalpersonal progress with their literacy and numeracy skills as well as their development and progress in the wider curriculum areas.	Whole School Nurture	With access to mainstream classroom for Child's strength	· ·	Nurture Group have a range of Social, Emotional Mental Health needs. Many of these children are identified before the transition into Year 1. Boxall profile assessments are completed to provide an insight into the specific areas of need for each	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-	
physical disabilities.	Sunflowers	mainstream classroom for Child's strength	With access to mainstream classroom for strength	to meet the needs of a group of KS2 children with slow progress and low attainment in Literacy and Numeracy. All children have a primary need of cognition and learning which may be exacerbated by speech and language difficulties, social and emotional and mental health needs and/or	personal progress with their literacy and numeracy skills as well as their development and progress in the wider	



			KEY STAGE 1 PROVISIONS		
INTERVENTION	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME	
Ladybirds room EYFS/KS1 SEND Provision	3:6 With access to mainstream classroom for Child's strength lessons	Children access this room when necessary.	Children who are struggling to cope in the mainstream classroom or continue to need access to an Early Years curriculum. The Ladybirds room is used a break out space to complete tasks or engage in play based activities.	Allows children to regulate their emotions and continue to complete tasks or play based activities relevant to their learning.	
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.	



YEAR 3 INTERVENTIONSSTAFF/CHILD RATIOFREQUENCYASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIAEXPECTED OUTCOMEPhonics 113 - Delivered by trained Level 2 TAs1:1Daily 10 mins per childHalf termity phonics assessments intervention and also identify when they have made good progress s that the intervention is no longer needed. Phonics turors also complete daily assessments on individual children which are fed back to Reading Leader half termity.To learn and retain new sounds from sett 1, 2 and 3 and successfully and independently ended.Precision teaching Delivered by Level 2 TAs1:1Daily 10 mins per childESS literacy assessments identify underwention. Daily tracking is ompleted by member of staff delivering intervention and half termidy 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 four and fluency in reading four assessments are to track progress children are making.IM 113 Including sand play, drawing and taiking Delivered by Level 2 Belivered by Learning Mentor.1:1/ Small group (depending on eeds)Once a week (can be more regular depending on severity of needtChildren who are struggling to regulat as bereavement/loss etc. An SDQ is completed by member of specific thera as becent due has becurred such as bereavement/loss etc. An SDQ is completed by member of specific thera as becent due has a courced such as bereavement/loss etc. An SDQ is completed by ending on severity of needtFor children to have developed an awareness of how they are fealing and be able to mana		_		YEAR 3 INTERVENTIONS	
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reading focus Delivered by Level 2 TAs10 mins per child10 mins per childchildren 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.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/Once a week (can be more regular depending on need)Children who are struggling to regulate their emotions. This may be linked to a specific event that has occurred such as breavement/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.	Delivered by trained	1:1	10 mins per	identify children who need this intervention and also identify when they have made good progress s that the intervention is no longer needed. Phonics tutors also complete daily assessments on individual children which are fed back to Reading Leader	and 3 and successfully and independently
(including sand play, drawing and talking) Delivered by a Learning Mentor.small group (depending on needs)(can be more regular depending on severity of need)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.of how they are feeling and be able to manage emotions with greater independence. Children will also have 	<mark>reading focus</mark> Delivered by Level 2	1:1	10 mins per	children who require reading PT intervention. Daily tracking is completed by member of staff delivering intervention and half termly assessments are to track progress	words a child can read increasing accuracy and fluency in reading leading to increased
	(including sand play, drawing and talking) Delivered by a	small group (depending on	(can be more regular depending on severity of need) 15 mins per	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	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



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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 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.
		15 mins per session	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.	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 to 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.



			YEAR 3 INTERVENTIONS	
YEAR 3 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
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 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.



YEAR 3 INTERVENTIONSSTAFF/CHILD RATIOFREQUENCY FREQUENCY CHILDREN/ ENTRY/EXIT CRITERIAEXPECTED OUTCOMEPlay Therapy play therapist as required1:1Once a weekChildren 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 required1:1Half Termly ReviewsChildren are referred to Steve Brown for support, advice and strategies to cheal with challenging behaviours. Children are redertified through protessional discussions and behaviour. Independently self-regulate.Udeas/strategies for school to implement to support behaviour in school. For children to access 1:1 sessions with Steve and become advice a weekGet Moving Delivered by trained Lewel 3 TAs1:6Twice a week 20 mins per sessionChildren 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 alsoTo demonstrate further control and confidence in gross motor movements. Teachers/TAs identify these children and assign them to this specific intervention. Occupational Therapy also				YEAR 3 INTERVENTIONS	
Delivered by external play therapist as requiredImage: Concerns regarding SEMH needs. The EP service and school collaboratively work together to identify children who would benefit from Play Therapy.which will allow children involved to freely express repressed thoughts and emotions through play.Steve Brown Behaviour Support Delivered by external consultant as required1:1Half Termly ReviewsChildren 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 TAs1:6Twice a week 20 mins per sessionChildren 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 recommend children to complete thisTo demonstrate further control and confidence in gross motor movements.			FREQUENCY		EXPECTED OUTCOME
Behaviour Support Delivered by external consultant as requiredReviewsfor support, advice and strategies to deal with challenging behaviours. Children are identified through professional discussions and behaviour tracking.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 TAs1:6Twice a week 20 mins per sessionChildren 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 recommend children to complete thisTo demonstrate further control and confidence in gross motor movements.	Delivered by external play therapist as	1:1	Once a week	concerns regarding SEMH needs. The EP service and school collaboratively work together to identify children who	which will allow children involved to freely express repressed thoughts and emotions
Delivered by trained Level 3 TAs 20 mins per session have lack of control over their gross motor movements. Teachers/TAs identify these children and assign them to this specific intervention. Occupational Therapy also recommend children to complete this	Behaviour Support Delivered by external consultant as	1:1		for support, advice and strategies to deal with challenging behaviours. Children are identified through professional discussions and behaviour	support behaviour in school. For children to access 1:1 sessions with Steve and become aware of strategies that they can use to
	Delivered by trained	1:6	20 mins per	have lack of control over their gross motor movements. Teachers/TAs identify these children and assign them to this specific intervention. Occupational Therapy also recommend children to complete this	



YEAR 4 INTERVENTIONSSTAFF/CHILD RATIOFREQUENCY REQUENCYASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIAEXPECTED OUTCOMELM Friendship Group (Conflict Resolution/Solution Focus)1:6Once a week Nonce a weekChildren 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.
(Conflict Resolution/Solutionsocial skills. Behaviour tracking can highlight key children that would benefit from this intervention. Parents also liaise with school to identify theseand how to appropriately socialise with peers. Children to have developed relationships with peers. To support children to identify their own triggers and how they
LM 1:1s1:1Once a week (can be more regular depending on needs)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.



			YEAR 4 INTERVENTIONS	
YEAR 4 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT 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	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.
Precision teaching – reading focus Delivered by Level 2 TAs	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.
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



			YEAR 4 INTERVENTIONS	
YEAR 4 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
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.
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 5 INTERVENTIONS	
YEAR 5 INTERVENTION	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT 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.
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 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. To support and develop the ability to follow instructions.



			YEAR 5 INTERVENTIONS	
YEAR 5 INTERVENTION	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
ocial Skills Delivered by a specialist evel 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
recision teaching – eading focus elivered by Level 2 TAs		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.
ALT relivered by specialist peech and Language A	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.
pecialist ASD TA 1:1 ime Delivered by a specialist evel 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.



YEAR 5 INTERVENTIONSTAFF/CHILD RATIOFREQUENCYASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIAEXPECTED OUTCOMECHIMP Delivered by a Learning Wentor1:1Once 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 external1:1Once a weekChildren are referred to the EP with concerns regarding SEMH needs. ThePlay therapy is a psychotherapeutic approach which will allow children involved to freely
Delivered by a Learning Mentor Image: Construction of the construction of th
EP service and school collaboratively required EP service and school collaboratively work together to identify children who would benefit from Play Therapy.
Steve Brown Behaviour Support1:1Half Termly ReviewsChildren 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 INTERVENTIONSSTAFF/CHILD RATIOFREQUENCYASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIAEXPECTED OUTCOMELM 1:1s (including sand play, drawing and talking) Delivered by a Learning Mentor.1:1Once a week (can be more regular depending on severity of needs)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.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
(including sand play, drawing and talking) Delivered by a Learning Mentor. (can be more regular depending on Learning Mentor. (can be more regular depending on severity of
need) need) a specific area of freed. Recommendations for specific therapies can also occur through the EP service. 15 mins per session EP service.
LM 1:1's (Lego play)1:1Once a weekChildren 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.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 1:1's (Lego play)1:1Once a week their emotions.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 1:1's (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



upport belivered by a earning Mentor.(Summer Term)vulnerable/have attachment needs or require addition transitional support due to anxieties about to High School.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.iocial Skills belivered by a pecialist Level 3 TA1:61x weekly 30 mins per sessionChildren 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 behaviourstransition Support belivered by a1:6Once a week 30 minsChildren with / undergoing diagnosis of ASD or those needing additional additional additional school and their differing opinions or behaviours				YEAR 6 INTERVENTIONS	
upport belivered by a earning Mentor.(Summer Term)vulnerable/have attachment needs or require addition transitional support due to anxieties about to High School.transition to High School. Children will identify a special key person that they can share their feelings with and deer confident to go to for additional support preparation for the transition to High School.ocial Skills belivered by a pecialist Level 3 TA1:61x weekly 30 mins per sessionChildren 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 thereselves. 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 behaviourstransition Support pecialist Level 3 TA1:6Once 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 Y7. 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 but also who to ask these questions but also			FREQUENCY		EXPECTED OUTCOME
Pelivered by a pecialist Level 3 TA30 mins per sessionof ASD or those needing help with social understanding and appropriate behaviours.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 behaviourstransition Support pelivered by a pecialist Level 3 TA1:6Once a week 30 minsChildren 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	LM Transition Support Delivered by a Learning Mentor.	1:6		vulnerable/have attachment needs or require addition transitional support	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
Delivered by a pecialist Level 3 TA 30 mins (Summer Term) 30 mins	Social Skills Delivered by a specialist Level 3 TA	1:6	30 mins per	of ASD or those needing help with social understanding and appropriate	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
	Transition Support Delivered by a specialist Level 3 TA	1:6	30 mins	of ASD or those needing additional support due to anxieties related to	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



			YEAR 6 INTERVENTIONS	
YEAR 6 INTERVENTIONS	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME
Precision teaching – reading focus Delivered by Level 2 TAs	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.
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	ASSESMENT 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.
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			KEY STAGE 2 PROVISIONS		
INTERVENTION	STAFF/CHILD RATIO	FREQUENCY	ASSESMENT TOOL USED TO IDENTIFY CHILDREN/ ENTRY/EXIT CRITERIA	EXPECTED OUTCOME	
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.	
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