



Strategies for supporting pupils with Special Educational Needs and Disabilities in Phonics lessons

Individual Need	Here's how we help everyone shine...
Attention Deficit Hyperactivity Disorder	<ul style="list-style-type: none"> • Using a non-confrontational approach and listening to the individual child will help reduce their heightened state. • Structured Read Write Inc lessons allow children to predict what will happen in a formal sequence with consistent rules and phonics routines that do not differ from one group to another. • Visual prompts are used for writing by using the word card alongside spoken word. • Paired reading gives children support from a positive role model to help with focused reading. • Ensure the child is positioned so that the teacher has easy access for support.
Anxiety	<ul style="list-style-type: none"> • Where possible, the child is taught by a well-known adult with whom they have already established a trusted relationship. • Reading partners remain the same each day. • The child is in the same seat every day and is pre-warned if the seating plan needs to change for any reason. • Avoid asking direct questions; instead, questioning is used on a 1:1 basis where the adult has established trust with the child. • Where possible, children are prepared in advance when there is a change in staff member. • Specific children with anxieties around toileting (for example the hand dryer) have the opportunity to use a toilet with which they are familiar, even if it means them returning to the bathroom by their class.
Autism Spectrum Disorder	<ul style="list-style-type: none"> • Children are encouraged to sit where they feel the most comfortable in the classroom. Where possible, this seating plan is not altered unless the child is happy and involved in the process. • Extra processing time is given and on the spot questioning is avoided. • Children are allowed to read on their own if it is too challenging for them to read with a partner. • Planned and unplanned sensory breaks are permitted throughout the lesson. • There is always an available adult for a 'change of face' if needed.

<p>Dyscalculia</p>	<ul style="list-style-type: none"> • Children have access to their own whiteboard in the session, rather than copying from the class board. • Review words are taught daily as part of a speed sound lesson. This enables children to process, store knowledge in long-term memory and recall more easily.
<p>Dyslexia</p>	<ul style="list-style-type: none"> • Children are taught in differentiated groups. • There is no pressure put on individual children to read aloud in front of the class. • Personalised coloured overlays can be used; these are readily available. • Lolly sticks are used by all children. • Read Write Inc books have a consistent print. • There is a huge focus on learning new vocabulary for all. • Questions are read to the child.
<p>Dyspraxia</p>	<ul style="list-style-type: none"> • Rules and systems are clarified, using unambiguous language. • Opportunity is given to move around between bursts of learning. Natural movement breaks are built into the lesson. • We ensure that reading partners are sensitive to the needs of the child. • The reading lesson is broken down into key component parts and the teacher prompts these. • There is plenty of space between readers to enable the child to concentrate on their own reading. • The parts of the reading lesson are clearly demonstrated, children use the partner one and partner two approach.
<p>Hearing Impairment</p>	<ul style="list-style-type: none"> • Careful consideration is given to seating, with individual considerations made discreetly and not publicly. • Written materials are provided in addition to teacher talk. These may be provided in advance of the lesson to allow for pre-teaching. • Only one person is encouraged to speak at a time. • The child is positioned at the front of the classroom with an unobstructed line of vision to aid with lip-reading. • The teacher leading the lesson discreetly checks in regularly with the child to check they are hearing and understanding. • Teachers will ensure background noise is kept to a minimum (e.g. keeping windows closed). • Teachers will ensure their face is clearly lit to allow for lip-reading (i.e. not standing in front of a window with their face in shadow). • A radio-aid is used where applicable for pupils with hearing aids/cochlear implants.
<p>Toileting Issues</p>	<ul style="list-style-type: none"> • Children are allowed to leave the classroom discreetly and without needing to get permission. Toilet passes are used for children to communicate they need to leave. • Positioning in the classroom allows the child to sit near to the door so that they can leave easily.

<p>Cognition and Learning Challenges</p>	<ul style="list-style-type: none"> • Time is given to consider questions, process and formulate an answer. • The opportunity is given for reading to be physically demonstrated rather than getting the child to solely rely on verbal instructions. • Specific, targeted praise is given so the child knows what they are doing well. • Support is given when managing peer relationships effectively. The child is involved in the process of choosing a partner reader. • Instructions are simple and children are encouraged to use the 'tick or fix' approach to support any mistakes which are made.
<p>Speech, Language & Communication Needs</p>	<ul style="list-style-type: none"> • Speech sounds are modelled by the class teacher where there are misconceptions. Children are not held back by difficulties in pronouncing speech sounds; they are still able to progress through the phonics scheme once they know the individual sound by sight. • New vocabulary is discussed during the 'Fred Talk' stage of the lesson and put into context • Language is purposefully kept simple and consistent throughout the sessions. • Closed questions are used when exploring comprehension, which only require a yes or no answer. • Familiar visual signals are used (e.g. Team Stop Signal)
<p>Tourette Syndrome</p>	<ul style="list-style-type: none"> • Emotional reactions are filtered and we listen and respond with support and understanding. • Children are never asked to stop their tics. • Where vocal tics are prominent, children are not asked to read aloud; they may be reluctant to do this. • There is a clear, repetitive structure to the lesson. • Although children are encouraged to listen, teachers are aware that at times tics inhibit auditory processing. It is never assumed that the child is intentionally not listening.
<p>Experienced Trauma</p>	<ul style="list-style-type: none"> • When children arrive late to phonics a non-confrontational, trauma informed approach is used to welcome the child. • Positive self-talk is modelled when reading. Mistakes are seen as a positive part of learning with the 'tick or fix' approach. • A predictable environment with clear expectations for behaviour is provided.
<p>Visual Impairment</p>	<ul style="list-style-type: none"> • Careful consideration is given to seating, with individual considerations made discreetly and not publicly. • Large font materials are provided alongside teacher talk. • There is a space provided for the child at the front of the classroom. • The teacher leading the lesson discreetly checks in regularly with the child to check their understanding.