

## Strategies for supporting pupils with Special Educational Needs and Disabilities when Reading in lessons

Individual Need	Here's how we help everyone shine
Attention Deficit Hyperactivity Disorder	<ul> <li>Using a non-confrontational approach and listening to the individual child will help reduce their heightened state.</li> <li>Structured novel study lessons (DERIC) allow children to predict what will happen and provide a formal sequence.</li> <li>The use of audio books alongside the text, supports children with their concentration.</li> <li>Ensure the child is positioned carefully so that teachers can easily support.</li> </ul>
Anxiety	<ul> <li>Where possible, the child is taught by a well-known adult with whom they have already established a trusted relationship.</li> <li>Allow the child to be involved when choosing groups or partners within the taught reading session.</li> <li>Point, Evidence and Explanation is used consistently so children become familiar with the approach to answering questions.</li> <li>Ensure seating plans are consistent and children are prewarned of any change to the seating plan.</li> <li>Avoid direct questioning; instead, questioning is used on a 1:1 basis when the adult has established trust with the child.</li> <li>Specific children with anxieties around toileting (e.g. hand dryer) have the opportunity to use a toilet with which they are familiar.</li> <li>Where possible, children are prepared beforehand when there is a change in staff member.</li> </ul>
Autism Spectrum Disorder	<ul> <li>Children are encouraged to sit where they feel most comfortable in the classroom. Where possible, this seating plan is not altered unless the child is happy and involved in the process.</li> <li>Sensory spaces and resources are readily available for all children (e.g. wobble cushions, elastic twangers).</li> <li>Extra processing time is given and on-the-spot questioning is avoided during whole class teaching.</li> <li>Children are allowed to read on their own if they prefer.</li> <li>Planned and unplanned sensory breaks are permitted throughout the lesson.</li> <li>There is always an available adult for a 'change of face' if needed.</li> </ul>

	Children have access to their own whiteboard in the
Dyscalculia	session, rather than copying from the class board.
	<ul> <li>Questions are differentiated and the child themselves chooses the level they feel comfortable with.</li> </ul>
	<ul> <li>There is no pressure put on individual children to read</li> </ul>
	aloud in front of the class. Children are invited to read
Dyslexia	aloud.
	<ul> <li>Personalised coloured overlays can be used; these are</li> </ul>
	readily available. Coloured paper may be used for printed
	information.
	<ul> <li>Larger print books are available, alongside dyslexia-</li> </ul>
	friendly fonts and slides on PowerPoints.
	<ul> <li>There is a huge focus on learning new vocabulary for all.</li> </ul>
	Questions are read aloud to the child.
	<ul> <li>Little Gems texts available for all children to read from a section in the library.</li> </ul>
	Rules and systems are clarified, using unambiguous
	language and visual cues (e.g. Team Stop signal)
	<ul> <li>Opportunity is given to move around between bursts of learning.</li> </ul>
	<ul> <li>Partner readers are sensitive to the needs of pupils.</li> </ul>
	<ul> <li>The Reading Lesson is broken down into key component</li> </ul>
Dyspraxia	parts and the teacher prompts these.
	There is plenty of space between readers to enable the
	child to concentrate on their own reading.
	<ul> <li>Noise is kept to a minimum.</li> </ul>
	<ul> <li>Careful consideration is given to seating, with</li> </ul>
	individual considerations made discreetly and not
	publicly.
Llo grip g	Written materials are provided in addition to teacher     talk. These may be provided in advance of the lessen to
Hearing Impairment	talk. These may be provided in advance of the lesson to allow for pre-teaching.
inpointen	<ul> <li>Only one person is encouraged to speak at a time.</li> </ul>
	<ul> <li>The child is positioned at the front of the classroom with an</li> </ul>
	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.
	<ul> <li>Teachers will ensure background noise is kept to a minimum</li> </ul>
	(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
	<ul><li>in shadow).</li><li>A radio-aid is used where applicable for pupils with hearing</li></ul>
	<ul> <li>A radio-aid is used where applicable for pupils with heating aids/cochlear implants.</li> </ul>
	<ul> <li>Children are allowed to leave the classroom discreetly and</li> </ul>
	<ul> <li>Children are allowed to leave the classroom discreenty and without needing to get permission. Toilet passes are used for</li> </ul>
Toileting Issues	children to communicate they need to leave.
	<ul> <li>Positioning in the classroom allows the child to sit near to the</li> </ul>
	door so that they can leave easily.

Cognition and Learning Challenges	<ul> <li>Additional time is given for pupils to consider questions, allowing them to process and formulate an answer.</li> <li>Some concepts and vocabulary may be pre- taught prior to a Reading lesson, allowing pupils with SEND to become the 'experts'.</li> <li>Modelling and visuals are used when explaining an activity.</li> <li>Specific, targeted praise is given so pupils know what they are doing well.</li> <li>Support is given when managing peer relationships effectively, the child is involved in the process of choosing a partner reader.</li> <li>Instructions are simple and mistakes are considered as learning opportunities.</li> </ul>
Speech, Language & Communication Needs	<ul> <li>Language is purposefully kept simple and consistent throughout the sessions.</li> <li>Closed questions are used when exploring comprehension, which only require a yes or no answer.</li> <li>Clear language is used to model and expand what has been said.</li> <li>Plenty of opportunity is given to communicate ideas in a small group.</li> <li>Any attempt to communicate is responded to positively.</li> </ul>
Tourette Syndrome	<ul> <li>Emotional reactions are filtered and adults listen and respond with support and understanding.</li> <li>Children are never asked to stop their tics.</li> <li>Where vocal tics are prominent children are not asked to read aloud as we are understanding that they may be reluctant to do this.</li> <li>There is a clear structure to the lesson.</li> <li>Although children are encouraged to listen, teachers are aware that at times tics inhibit auditory processing. It is never assumed that pupils are intentionally not listening.</li> </ul>
Experienced Trauma	<ul> <li>Positive self- talk is modelled when reading. Mistakes are seen as a positive part of learning.</li> <li>A predictable environment with clear expectations for behaviour is provided.</li> <li>Adults will calm and support if a child becomes overwhelmed.</li> <li>Breakout spaces are available to all children.</li> </ul>
Visual Impairment	<ul> <li>Careful consideration is given to seating, with individual considerations made discreetly and not publicly.</li> <li>Large font materials are provided in addition to teacher talk.</li> <li>There is a space provided for the child at the front of the classroom.</li> <li>The teacher leading the lesson discreetly checks in regularly with the child to check their understanding.</li> </ul>