

ADHD

Attention Deficit Hyperactivity Disorder

ADHD is a developmental disorder where a pupil exhibits abnormally high levels of inattention and/or hyperactivity and impulsiveness. i.e. - short attention span, easily distracted, doesn't finish things, disorganised, can't wait their turn, interrupts etc.

- Keep instructions simple and structured
- Have clear rules, routines, directions, and expectations - be consistent
- Use visual strategies that the pupil can refer back to at all times
- Arrange seating to minimise distractions
- Allow the pupil extra time to get organised and to complete tasks
- Differentiate tasks and break down into manageable chunks
- Allow the pupil regular breaks and give opportunities for access to calming area/activity
- Allow the child to hold/tap an object or something that doesn't make a noise
- Avoid asking the pupil direct questions in front of the class
- Give frequent and meaningful positive feedback
- Make use of technology

www.addiss.co.uk

www.addandadhd.co.uk

ASD is a complex developmental disorder. Pupils with autism have difficulties with social communication, social interaction and understanding that other people have thoughts and feelings that may be different to their own. They frequently experience sensory differences that impact on their ability to access learning. Pupils with autism may have difficulties regulating their emotions.

- Create a predictable environment, provide structure and routine with no unplanned changes
- Keep language simple and give one instruction at a time, be consistent
- Use visual cues
- Plan ahead - reduces uncertainty for the pupil
- Don't try to stop odd or repetitive behaviour unless it interferes with learning - it is better to try to modify the behaviour
- Say the child's name to gain his/her attention
- Consider the pupil's sensory differences and make modifications as appropriate
- Challenging behaviour is often an attempt at communication - be sensitive to the pupils efforts to communicate

www.autism.org.uk

Autism Cymru helpline: info@autismcymru.org

ASD

Autistic Spectrum Disorder

Asperger's Syndrome is a developmental disorder that falls within the autistic spectrum. Pupils are usually of average or above average intelligence and have difficulties with social interaction, social communication and flexibility of thinking or imagination. In addition, there may be sensory, motor and organisational difficulties. Pupils may show a range of behaviours such as: lack of empathy, impaired imagination, difficulty in making friends, intense absorption in a special interest and often problems with motor co-ordination. Many young people with Asperger's can experience isolation and a lack of understanding in their everyday lives, which often results in frustration, anger, and a lack of self-esteem.

- Use simple, clear communication - avoid metaphors and sarcasm
- Keep facial expressions and gestures clear and simple
- Keep changes to a minimum avoiding pupil's inability to cope with unexpected situations
- Have clear rules, organisation and structure
- Use pupils' particular interests, strengths and existing skills
- Consider pupils sensitivity to light, sound and touch

www.autism.org.uk

Asperger's Syndrome

BESD

Behaviour, Emotional & Social Difficulties

BESD can present in several ways: pupils may have difficulties in making relationships and accepting authority or direction. Pupils may find it hard to manage feelings such as fear, anger, frustration, anxiety or sadness and express this in ways that might be damaging to themselves or others. They may be physically or verbally aggressive; they can harm themselves or suffer from anxiety or depression; they can be withdrawn or uncommunicative. Withdrawn or emotionally fragile pupils are as much a part of the BESD continuum as pupils who act in more demonstrative ways.

- Allow access to a calm area when required
- Avoid lengthy complex instructions
- Establish explicit rituals and routines, give clear and precise boundaries
- Praise their efforts to maintain levels of self-esteem; catch them doing the right thing
- Maintain an assertive and positive approach
- Agree collaborative agreements with other adults and refer to key/senior staff if required
- Avoid direct confrontation, provide clear choices and time to make decisions

www.sebda.org

Down's Syndrome is a genetic condition, due to the failure of cell division of chromosome 21. Pupils will all have some degree of learning disability and will develop more slowly than their peers, arriving at each stage of development at a later age and staying there for longer. Pupils are strong visual learners but poor auditory ones.

- Use a visual, practical and kinaesthetic approaches, demonstration and practical real life materials
- Target self-help skills encouraging independence & cooperation with peers
- Allow time to process language and form responses
- Speak directly to the pupil, reinforcing with facial expressions, signs and gestures
- Use simple and familiar language, short sentences and clear instructions
- Use familiar and meaningful material, build in additional repetition and reinforcement
- Apply clear rules
- Ensure good communication between parents and school
- Use specialist advice to prepare differentiated materials and resources

www.downs-syndrome.org.uk

Down's Syndrome

Dyspraxia

Development Co-ordination Disorder

Dyspraxia, also known as Development Co-ordination Disorder (DCD), is characterised by impairments in co-ordination, motor control and planning which can affect any or all movements. Pupils may have difficulties in planning and carrying out complex, sequential actions. As a result those with DCD may be seen as 'clumsy' and delayed in their actions. Pupils with DCD may struggle with: using pens or cutlery, getting dressed, walking up and down stairs, tying shoelaces and spatial orientation. They may also have difficulties with sequencing and organising their time and activities.

- Break tasks down into small manageable chunks
- Offer the opportunity wherever possible for pupils to use a word processor for their work
- Wherever possible supply instructions in a visual way to help their organisation
- Allow the pupil extra time to process instructions
- Allow extra time for fine and motor skills activities.
- Use of task planning sheets to aid organisation
- Offer lots of praise and encouragement
- Ensure that homework is recorded in their planner

www.dyscovery.info

www.dyspraxiafoundation.org.uk

HI

Hearing Impaired

HI - children with a Hearing Impairment, (especially one that is temporary and may go unrecognised), can be amongst the most vulnerable and educationally disadvantaged children. Deafness is described in four levels: mild, moderate, severe and profound. A range of factors can impact on their achievements.

- Gain the pupils attention before starting to talk - use the child's name
- Speak clearly and with your normal rate and volume - shouting distorts lip patterns
- Do not cover your face with your hands/objects or walk around whilst speaking
- Face the pupil when talking to them and allow pauses for signing or lip reading
- Avoid having your back to a window - it makes it difficult for a deaf child to read facial expressions, lip read or understand signing
- Do not seat a pupil near noisy equipment such as computers or projectors
- Allow extra time for the pupil to look at visual aids or read instructions

www.ndcs.org.uk

www.royaldeaf.org.uk

Medical Difficulties can include a range of conditions from chronic illness or infections, incontinence, difficulties with swallowing and speaking to allergies and seizures. Having a physical or medical disability does not necessarily mean that a pupil has a cognitive or sensory difficulty, but it may slow a pupils progress and/or involve treatment that affects his or her education.

- Ensure plans are in place to maintain momentum and keep up with studies for pupils who attend intermittently or miss school for long periods
- When pupils are withdrawn for particular programmes, make appropriate links with class work whenever possible
- Be aware of Medical/Health Care Plans - they describe the pupil's condition and the steps to manage their medical needs/medicines in school
- There is a high incidence of associated epilepsy amongst children with LD's - be aware of lapses of attention or changes in behaviour

Anaphylaxis: www.anaphylaxis.org.uk

Asthma: www.asthma.org.uk

Diabetes: www.diabetes.org.uk

Epilepsy: www.epilepsy.org.uk

Medical and Physical Difficulties

An Essential Tool for Classroom Teachers



Moderate Learning Difficulties - pupils with MLD will have attainments well below expected levels in all or most areas of the curriculum, despite appropriate interventions. Many children with MLD can have a significant cognitive delay and consequently will need a high level of support to access the curriculum within the mainstream classroom. Children with MLD comprise the largest group of children with SEN in mainstream schools.

General Learning Difficulties (GLD) is used when a pupil is described as having learning difficulties, which may be of moderate severity but he/she has not been assessed as having MLD.

- Use multisensory approaches
- Support learning at the beginning and end of a lesson, but encourage children to work independently
- Ensure repetition and reinforcement, praise achievements
- Ask pupils to repeat instructions in order to clarify understanding
- Allow extra time to complete tasks and break down learning
- Help pupils organise their written work by using writing frames

www.teachingexpertise.com

MLD

Moderate Learning Difficulties

Motor Impairments are generally defined as a longstanding (chronic) difficulty with movement caused by a physical, genetic or medical condition. Disabilities may change from day to day and are often associated with other medical, sensory, perceptual, psychological and learning difficulties which can make participation more of an effort for them. Some pupils are independent, others may need part or full-time assistance.

- Learn about the disability
- Respect the pupil's wishes and maintain a balance between helping and allowing independence
- Be aware of the physical environment and make anticipatory accommodations
- Ensure facilities are accessible
- Sit or kneel, if necessary, find a level that is comfortable for you both
- Ask if the pupil would like help, do not assist without his/her request
- Physical and medical conditions can lead to extreme tiredness - adapt expectations accordingly

Families with Disabled Children: www.cafamily.org.uk
Cerebral Palsy: www.scope.org.uk
Muscular Dystrophy: www.dfsg.org.uk
Spina Bifida: www.spinabifidaassociation.org

MI

Motor Impairments

OCD

Obsessive Compulsive Disorder

OCD is an anxiety disorder characterised by unwanted and repetitive thoughts and actions (obsessions) carried out by the sufferer in an attempt to rid themselves of the anxiety caused by those thoughts (compulsions). This can be very distressing for the individual and interfere with their daily functioning and relationships.

- Work with families and specialists and use the same methods of tackling the OCD symptoms
- Be aware of the pressures the young person is experiencing and possible limitations in performance
- Use computers where possible -this reduces the need to obsess over handwriting
- Be aware of using numbers - some students find certain numbers to be 'unlucky' or 'bad'
- Consider the implications of open-ended tasks - pupils can become distressed at the prospect of reaching decisions
- Provide precise and clear instructions to avoid anxiety about any changes or new situations
- Accommodate frequent requests to visit the bathroom
- Provide lists and reminders of the day's activities
- Help individuals focus on their strengths and areas where they are confident

www.ocduk.org

International School Linking



Produced in partnership with:

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and SNAP Cymru www.snapcymru.org

SLCD

Speech, Language & Communication Difficulties

SLCD include difficulties with articulation; phonological awareness; syntax - using immature or inappropriate grammar; semantics - not understanding the meaning of sentences or words and pragmatic - using language that is socially immature or inappropriate. Children or young people may have difficulties in understanding language i.e. receptive difficulties or in using language i.e. expressive difficulties. Some have difficulties in both.

- Keep instructions simple and straightforward
- Use non-verbal communication and visual cues and visual timetables
- Introduce concepts one at a time and give thinking time
- Model appropriate language
- Consider preferred learning styles
- Use social stories as appropriate
- Use visualisation to improve the understanding of conversations e.g. comic strip conversations

www.ican.org.uk
www.afasic.org.uk

SpLD

Specific Learning Difficulties

Dyslexia is a specific learning difficulty that affects the learning processes in reading, spelling and/or writing not related to intellectual impairment. Speed of processing, short-term memory, organisation, sequencing, spoken language and motor skills can also be affected. There may be difficulties with auditory and/or visual perception.

Dyscalculia is a specific difficulty with mathematics. Pupils may have difficulty understanding simple numbers and concepts, lack an intuitive grasp of numbers and have problems learning numerical facts and procedures.

- Don't ask pupils to copy from the board
- Give extra time as needed for reading and writing
- Use multi-sensory approaches in your teaching
- Don't ask pupils to read aloud unless they want to
- Make tasks short and manageable
- Use boards for reminders
- Check pupils have recorded homework correctly - provide pre-prepared hand-outs
- Provide templates of writing frames and mind maps to support writing
- Use images wherever possible

www.bda.org.uk www.dyslexiaaction.org.uk
www.dyslexiawales.co.uk

Visual Impairment means the wearing of glasses will not correct the vision. Visual impairment ranges from those who are blind to those who are partially sighted. About 80% of learning is taken in through your visual pathway. Approx. 60% of children with VI's have additional learning needs. Expectations for those with visual impairments should be as high as those for other children.

- Appropriate seating - close to the focus of the lesson with consideration of glare and reflection
- Clutter free - be safe of wires etc. and corridors should be well illuminated
- Contrast - all materials presented should be clear, well-spaced and 14pt font as a standard
- Environment - keep classroom layout the same whenever possible; information and displays should be at eye level and steps and stairs should be well defined
- Social & emotional well-being - interpreting body language/facial expressions can be difficult - use verbal explanations
- Specialist skills - a multi-sensory approach to learning, ICT and verbal consolidation of concept is vital

www.rmib.org.uk

VI

Visual Impairment

