



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

	Here's how we will help.
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 arousal. • 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 whom they have already established a trusted relationship with. • Allow the child to be involved when choosing a partner for the reading part of the session - this will 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 they are familiar with, even if it means them returning to the bathroom by their class.
Autism	<ul style="list-style-type: none"> • Children are encouraged to sit where they feel the most comfortable in the classroom. Where possible, this

<p>Spectrum Disorder</p>	<p>seating plan is not altered unless the child is happy and involved in the process.</p> <ul style="list-style-type: none"> • 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 alongside 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. • A ruler can be used to track the words as they read. • Personalised coloured overlays can be used; these are readily available. • Lolly sticks are used with all children to support them in following the text. • 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. • We ensure that the partner reader is sensitive to the needs of the child and knows confidently what they are doing. • 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 discretely and not publicly. • Written materials are provided in addition to teacher talk. • Only one person is encouraged to speak at a time. • There is a space provided for the child at the front of

	<p>the classroom with an unobstructed line of vision.</p> <ul style="list-style-type: none"> • The teacher leading the lesson discreetly checks in regularly with the child to check they are hearing and understanding.
<h2>Toileting Issues</h2>	<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.
<h2>Cognition and Learning Challenges</h2>	<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.
<h2>Speech, Language & Communication Needs</h2>	<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. • When using 'Fred Talk' this is done slowly for all of the children. • 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.
<h2>Tourette Syndrome</h2>	<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 as we are understanding that they may be reluctant to do this. • There is a clear 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 style="text-align: center;">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 style="text-align: center;">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 in addition to 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.