

Whole School Provision Map



September 2025

Communication and Interaction – Speech and Language

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| <ul style="list-style-type: none"> • May need additional time to process and respond to verbal information • May need additional prompts to follow instructions or help to join in discussions • May have a limited vocabulary or appear to struggle with more abstract language • May require support to acquire new vocabulary, e.g. topic specific vocabulary • May show differences in speech patterns or vocabulary • May have difficulties pronouncing some sounds • May have difficulties with fluency, for example, stuttering • May have a voice disorder that affects the sound of the voice or may cause loss of voice • May be anxious about speaking in some situations (elective mutism) • May find it difficult to develop and explain ideas • May find social communication more difficult than age equivalent peers. | <ul style="list-style-type: none"> • May require verbal language to be reinforced by other means of communication, e.g. visuals, gestures, routines • May make slower progress in areas of the curriculum, including literacy and numeracy • May show discrepancy between academic progress areas and general ability • May have difficulty in focusing attention, especially during language-based activities • May have difficulties attending to and monitoring conversations/ group discussions • May have difficulty understanding abstract concepts • May have difficulty in retaining information • May experience word finding difficulties • May have difficulties in using and applying skills in language-based activities, for example, using and applying mathematical skills • May have difficulty structuring sentences in speech and in writing • May show significant immaturities in grammar • May show persistent immaturity in speech sounds • May experience difficulties using and understanding non-literal language | <ul style="list-style-type: none"> • May experience significant difficulties understanding language when not reinforced by other means of communication, e.g. visuals, gestures, routines • May make significantly slower progress in areas of the curriculum, including literacy and numeracy • May have language difficulties that impact confidence across the curriculum and in everyday life • May display fleeting attention, especially during language based activities • May become anxious or overwhelmed by speech/ group conversations/ discussion • May have a limited vocabulary or may not use verbal language to communicate • May require the use of alternate communication systems, for example, signs or symbols • May avoid interacting with others or be on the periphery of peer interactions • May depend on physical methods of interacting with others, for example leading by the hand • May experience difficulty in managing behaviours as a result of reduced access to the curriculum and social interactions • May require the use of alternative and augmentative communication systems, for |
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	<ul style="list-style-type: none"> • May struggle with peer interactions • May struggle to behave according to the context in learning and social situations 	example, signs or symbols, communication aids.
Universal	Targeted	Specialist
<ul style="list-style-type: none"> • Calm learning environment • Continuous provision EYFS/KS1- visual communication support • Grow the Code displayed for phonics • Knowledge organisers for wider curriculum • Key vocabulary displayed in the classroom • Visual timetables • Before/Today/Next vocabulary used in all lessons • Working walls- English/Maths/Topic • Use of child's names when talking to them • Time given to answer questions and share opinions (10 seconds) • Consistency of language used in school e.g. 1,2,3 eyes on me. • Visual cues • Small group work with teacher or TA • Clear use of rewards • Teacher/TA support in some lessons • Use of talk partners in the classroom. • Repeating questions back to children. • Modified language input. • Mind mapping new concepts. • Use of visual resources. • ICT and use of whiteboards. • Modelling and extending language concepts. • Effective transition processes • Opportunities for verbal rehearsal before writing • Verbal feedback to children's work 	<ul style="list-style-type: none"> • Communication boards • Now/next • Lego therapy • Cheat sheet/knowledge organiser • Physical resources within lessons to manipulate • Talking buttons • Objects of reference used • Precision teaching- key vocabulary/facts • Use of Widgets • Comic strips • Sensory breaks • Talk Boost • Staff Continued Professional Development (CPD) • Speech and language targets delivered by TA Liaison with external professional agencies, e.g. Speech and Language Therapists • Use of assistive technology • Touch typing • Screen shots of teachers plans and interactive whiteboard slides for TA to adapt the lesson to a specific individual need 	<ul style="list-style-type: none"> • SALT interventions • Makaton/BSL • Individual SALT programme • Support in trips and residentials

Communication and Interaction – Social Communication including Autism

- May have difficulty making and keeping friends
- May have difficulty understanding different types of relationships e.g. student/teacher
- May have one key friend and struggle to share that friendship
- May be on the edges of friendship groups
- May prefer own company or avoid others
- Differences using and understanding non-verbal communication such as eye-contact, body language and gestures
- May have some difficulty knowing how to be part of a group
- May have a literal understanding of language
- May have difficulties processing verbal language and instructions
- May have difficulties with the social use of language
- May need additional prompts and cues to carry out every-day activities and learning tasks
- May find it difficult and need extra reassurance when established routines change
- May prefer to do things the same way and have strong preferences for the same routines.

- May have additional diagnoses or learning difficulties
- May have additional speech and language difficulties
- May have friendship difficulties that are causing distress and difficulties with social understanding and may impact on relationships with adults and peers
- Can be literal in interpreting situations
- May struggle to be part of a group without additional support or structure
- May avoid working or playing alongside or with others
- May have more significant difficulties with language
- May struggle to carry out activities without significant additional prompts
- May be more intensively rigid or single-minded
- May have difficulties with change, even with forewarning
- May have Interests which appear obsessive and obsessions may impact on everyday life
- May behave inappropriately for the social context
- May be self-directed and reluctant to follow adult direction
- May display more prominent sensory needs that have an impact on everyday life, e.g. avoidance, distress or inability to focus

- May have more complex additional diagnoses or learning difficulties
- May have more complex additional speech and language difficulties
- May have limited joint and shared attention skills
- May have friendship difficulties that are causing distress and difficulties with social understanding that may impact on relationships with adults and peers. This may have an impact of the mental health of the young person
- May not want to be part of a group. They may be socially isolated or engage in conflict with peers/staff
- May have significant difficulties learning or playing alongside other children
- May appear socially competent but is lacking in understanding and may be at risk of exploitation by others
- May show little or no awareness of contextually expected behaviours
- May have significant difficulties with understanding in everyday situations and learning
- May have more complex difficulties with receptive and expressive language
- May have little or no spoken language or the need for an augmented communication system
- May have language impairment which affects access to all aspects of the curriculum

	<ul style="list-style-type: none"> • May display high anxiety manifested in avoidance or dysregulation. 	<ul style="list-style-type: none"> • May have a significant delay in processing language and a reliance on additional prompts and support • May be highly prompt-dependent • May be highly self-directed and struggle to engage in any activities that do not follow their own agenda • May find change, even expected, causes significant distress and high anxiety • The child's need to be in control may impact on other people significantly • May find it difficult to disengage from own areas of interest • Sensory needs may have a significant impact on everyday life, e.g. avoidance, distress or inability to focus • May display high anxiety manifested in avoidance, extreme dysregulation or the need for control of the environment and/or other people • Emotionally based school anxiety/refusal.
<p style="text-align: center;">Universal</p>	<p style="text-align: center;">Targeted</p>	<p style="text-align: center;">Specialist</p>
<ul style="list-style-type: none"> • Roles identified/assigned in group work • Visual timetabling • Warnings of changes where possible • Modelling of language • Strong links with parents/carers • Special jobs e.g. play leaders, nursery lunches • Teaching all children about neurodiversity • Repeat class visual timetables with individuals • Check understanding once instructions have been given • Peer support/buddy 	<ul style="list-style-type: none"> • Check in/out • Early starts/finishes • Social stories • ELSA • Friendship circles • Positive Play • Now/Next boards • Communication boards • Spot timers • Support during playtimes and lunch to encourage play opportunities • Attention autism intervention • Basket work 	<ul style="list-style-type: none"> • Support from ISAT • EHCP • EBSA toolkit implemented • CAHMs support

<ul style="list-style-type: none"> • Staff support from peers/SENDCo 	<ul style="list-style-type: none"> • Chunked work- one step at a time • Individual visual timetable 	
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Cognition and Learning		
<ul style="list-style-type: none"> • The child or young person is operating broadly within the expected range of abilities but their development/progress may occur at a slower pace than that of other pupils. • The child or young person may have difficulties in developing early language, literacy and numeracy skills. They may also have difficulties in the following areas: <ul style="list-style-type: none"> • Memory • Sequencing • Fine and gross motor skills • Organisational skills • Slow processing • Number/phonological awareness • The child or young person's difficulties may lead to: <ul style="list-style-type: none"> • Poor self-esteem • Social difficulties • Emotional difficulties • Frustration • Poor concentration • Quality First Teaching will lead to identification of the above and consideration/implementation of reasonable adjustments in the learning environment. • Attainment tracked through school progress tracker. 	<ul style="list-style-type: none"> • Despite QFT/reasonable adjustments, the development/ progress in learning for a child or young person is at a slower rate so additional support is needed from within schools normally available resources (up to £6000). • Booster/catch-up interventions identified, costed and tracked on school provision map. • Pupil requires targeted support that is additional to and different from their peers in order to narrow the gap. 	<ul style="list-style-type: none"> • The child or young person has significant and persistent learning difficulties evidenced in detailed school tracking over time, despite access to appropriate learning opportunities, targeted interventions and a graduated response to support. • The child or young person's attainment is consistently at a level significantly below age-related expectations despite targeted interventions. • Where progress has been made it has only been as a result of significant additional intervention and support over and above that which is usually provided. • There is evidence to suggest that the gap between the child or young person and their peers is increasing despite targeted interventions/graduated response. • The child or young person has life-long learning difficulties or disabilities, spanning several areas of development, and require more targeted/personalised and specialist intervention.
Universal	Targeted	Specialist

- Differentiated curriculum planning and delivery.
- Engaging and meaningful learning activities.
- Use of specific objectives and outcomes for lessons
- Stimulating and supportive learning environment.
- Skilful use of questions.
- Referral system in place to identify concerns
- Effective use of visual aids and modelling.
- Using dyslexic friendly strategies to support learning (e.g. coloured acetate, easier to access font, use of pastel backgrounds on smartboards and assembly presentations).
- Use of word mats and vocabulary books.
- Appropriate use of writing frames, adapted to meet specific needs.
- Effective use of resources by trained staff (Numicon, Dienes blocks).
- Effective transition processes
- Flexible seating arrangements to maximise learning (hearing, seeing, ability).
- Regular assessment and tracking of pupil progress.
- Varied and relevant trips to support classroom learning.
- Use of different and varying learning styles
- Modelling
- Handwriting guides
- Coloured paper

- Use of ICT
- Adapted texts
- Reading rulers
- Alternative ways of recording e.g. scribe, talking tins, pictures, video recording
- Overlays
- Auditory memory games
- Adapted visual timetable
- Specific interventions e.g. Little Wandle Keep up/Catch up, precision teaching
- Use of spot timers
- Teaching memory strategies
- Access arrangements in tests
- Physical supports e.g. Reading rulers, pencil grips, darker pencils
- Physical resources
- Specific assessments e.g. dyslexia
- Use of weighted fonts

- Specialist programmes e.g. Little Wandle SEND phonics, Nessie
- Involvement of Educational Psychologist
- ISAT involvement
- EHCP

- Clear and simple instructions, breaking down longer instructions and giving one at a time
- Daily visual timetable/routine
- Time given to answer questions (10 seconds)
- Use of pupil's name when giving instructions
- Visual cues
- Consistent language
- Small group work with teacher or TA
- Assessment for learning during main teach
- Scaffolding
- Planned seating arrangements
- Pre-teaching/Post teaching intervention
- Visually supportive learning environments e.g. working walls, word mats
- Use of talk partners to allow oral rehearsal of work as well as work with peers of all abilities
- Use of brain breaks / functional movement breaks
- Visual feedback to children's work
- Visual self-assessment tools for children to use
- Teaching of transferable skills, such as hold a sentence, to help children construct sentences for their oral and written work.
- Sensory circuits

Social, Emotional and Mental Health (SEMH)

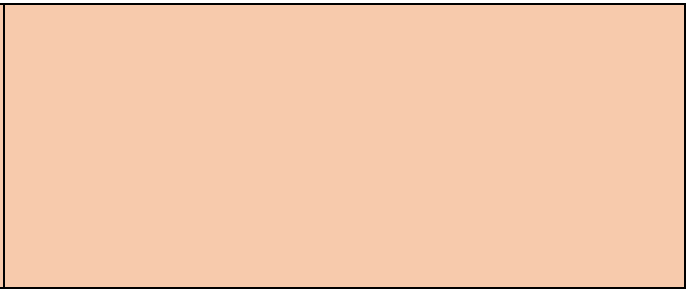
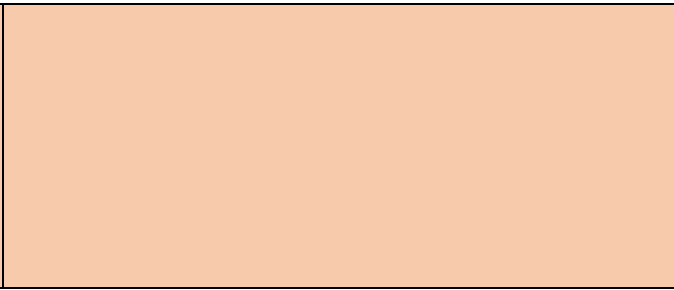
- The child or young person is making progress within the expected range for social and emotional development- they feel that they belong to the school community and have positive relationships with others (both adults and peers).
- Some children or young people may show signs of social, emotional and mental health difficulties that affect readiness for learning and require slight adjustment to the curriculum or environment.
- Have difficulties with interpersonal skills, listening skills or verbal communication
- Become easily frustrated- occasionally unpredictable behaviour

- Display social, emotional and mental health difficulties that remain persistent following access to differentiated learning opportunities and strategies employed as part of normal school arrangements
- Have low self-esteem in some areas and need support in order to raise confidence and self-belief
- Display behaviours that interfere with own learning and with the learning of others
- Have limited communication as well as having difficulties communicating feelings and be withdrawn or isolated
- Have poor concentration despite appropriate strategies and often appear distracted and off task
- Display connection-seeking behaviour and regularly seek approval from adults and peers
- Have poor organisational skills
- Communicate failure in tasks before starting
- Have difficulties in making and sustaining appropriate relationships with adults and peers
- Often be easily influenced by others or in contrast can persuade others to do something against their will
- Have difficulties with sharing and turn taking
- Have poor attendance and/or reluctance to participate

- Social, emotional and mental health difficulties act as a barrier to learning despite appropriate intervention
- Difficulty engaging in formal learning
- Low self-esteem which remains fixed/unchanged despite intervention
- Frequently off task, cannot settle to an activity and can only maintain concentration for short periods of time despite intervention
- Engagement in work avoidance tactics, refusal to listen and distracts others
- Constantly demands attention and seeks approval from others
- Reduced participation and contributions within class activities
- Displays lack of trust in adults
- Reduced social interaction leading to isolation and disengagement
- Persistent difficulties in making and sustaining appropriate relationships with adults and peers
- Can often be easily influenced by others or, in contrast, can persuade others to do something against their will
- Takes actions that result in risk of harm to self or others
- Extreme responses
- Frequently verbally and physically aggressive towards others without apparent provocation and is usually

	<ul style="list-style-type: none"> • Have difficulty in accepting responsibility for own actions • Occasionally be verbally and physically aggressive towards others requiring intervention to support regulation of response • Sometimes engage in behaviours that pose a high risk or harm to themselves or others • At times, challenge rules and authority and require support in order to conform. 	<p>resistant to adult attempts to regulate responses</p> <ul style="list-style-type: none"> • Regularly engages in behaviours that pose a high risk or harm to themselves or others • Usually unable to take responsibility for their actions or to see another's point of view despite intervention • Regularly challenges rules and authority • May be known to engage in criminal activity; • May require multi-agency support
Universal	Targeted	Specialist
<ul style="list-style-type: none"> • Whole school behaviour policy • Clear rewards • Bubble time for expressing worries • Weekly mental health worship for all • Daily meditation time • Buddies/mentors • Staff consciously support the building of relationships • Positive language to re-direct, reinforce expectations e.g. use of others as role models • PSHE • Use of roleplay and drama • Restorative practice/conversations • Time-out (reflection and breathing space) • Special jobs e.g. taking the register, handing out books • Time in the Chameleon Room • Use of name when giving instructions • Calm areas in classrooms • Chunked work provided in manageable steps 	<ul style="list-style-type: none"> • Check in/out • ELSA sessions • Lego therapy • Positive play • Forest friends • Small, carefully thought out group settings or one-to-one working e.g. talk, listen and reflect • Now/Next • Game play- turn taking • Spot timers <ul style="list-style-type: none"> ○ support time • Class and school consistent mediation strategies e.g. restorative practice • Adapted timetables • Weighted blankets • Topic approach 	<ul style="list-style-type: none"> • P4YP referral • CAMHs referral • Counselling referral • SENCO facilitates identification of hidden learning needs e.g. anxiety, depression or ADHD • Highly personalised curriculum and/or work experience placements and commission offsite alternative provision • EBSA toolkit

- Environmental adaptation e.g. social seating and proximity to teacher
- MyConcern to record incidents and look for triggers
- Quiet spaces to eat lunch
- Social areas at lunch
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Sensory and Physical – Deaf and HI

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| <ul style="list-style-type: none"> • Many young people may have some degree of deafness or hearing difficulty at some point in their school years, particularly in early years and at primary age. This may affect one or both ears, may be temporary or permanent and may fluctuate. As a result, they may use hearing aids or cochlear implants and associated strategies • Have difficulty focusing, listening or concentrating • mishear information or appear not to listen • Misunderstand social situations • Display some social immaturity and/ or behavioural difficulties • Have poor phonological awareness • Have some difficulty processing or remembering new information, vocabulary or language • Have difficulty with speech and communication • Fail to pick up on incidental conversations or language • Struggle to hear in particular environments • Have some difficulty with access to audio visual, online and other sound resources, e.g. for Music and Modern Foreign Languages • Have to make additional listening effort and experience fatigue and displacement of other cognitive functions as a result | <ul style="list-style-type: none"> • Some young people’s hearing needs cannot be met by universal approaches over a sustained period. Difficulties may become apparent in the following: • Listening at a distance of more than 2 metres • Frustrations or anxieties if there are problems with communicating- this could be unclear speech or mishearing a conversation on a regular basis • Access to audio visual media, online and other sound resources, e.g. for Music/ Modern Foreign Languages • Language-related activities or in understanding new or complex concepts • Social situations and in maintaining friendships • Displaying social immaturity and/or behavioural difficulties • Access to information and understanding expected behaviour • Frustrations and anxieties related to understanding or accepting the hearing loss and its implications • Educational progress and achievement of expected levels, particularly in language-based subjects. | <ul style="list-style-type: none"> • The needs of a very few young people cannot be met by universal or targeted interventions and support approaches alone. In these cases, their hearing difficulties are likely to be long term and will impact significantly on language and communication development. Receptive and expressive communication is significantly delayed in structure and content (e.g. grammar and vocabulary). • Some young people will use signed communication, such as British Sign Language (BSL) or Sign Supported English (SSE) • Acquisition and development of literacy skills such as decoding in reading, difficulties inferring, low phonological awareness and poor grammatical structure and difficulty with spelling and grammar in writing • Ability to communicate effectively in the classroom, or at social times • Ability to follow instructions, in the classroom and beyond • Access to information, resulting in gaps in knowledge and their conceptual framework • Access to audio visual media, online and other sound resources, e.g. for Music/Modern Foreign Languages, to the extent where supporting or alternative resources may have to be sought |
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<ul style="list-style-type: none"> • Have some difficulty with educational progress and achievement of expected levels, particularly in language based subjects • Undergo medical and/or surgical interventions. 		<ul style="list-style-type: none"> • Educational progress, achievement of expected levels, particularly in language-based subjects • Ability to form friendships or understand social expectations. These young people will require a higher level of adult support/ intervention in order to follow classroom routines and learning or will rely on sign language interpretation or visual communication strategies. They will require a highly personalised approach drawing on additional interventions and support.
Universal	Targeted	Specialist
<ul style="list-style-type: none"> • Seating arrangements considered • Close liaison with parents and carers • Trusted adults • Good communication with parents/carers • Taught self-regulation strategies e.g. breathing, meditation • Access to visual clues • Subtitles on audio visual material • Modified resources e.g. simplified text/language Systems in place to support individuals with mobility needs for fire alarms • Uncluttered and well organised learning environment with good lighting • Choice making opportunities • Access to specific resources which aid learning 	<ul style="list-style-type: none"> • LSA responsible for medical needs • Specialist provision by TA of physical exercises • Microphone and speaker • Raised board 	<ul style="list-style-type: none"> • Loop aids • Adjustable tables • BSL interpreter

Sensory and Physical – VI

- Most young people’s vision needs will be met by universal approaches.
- Some young people may have vision impairments identified by medical practitioners. • Vision impairments take many forms and have widely differing implications for educational provision.
- Many young people wear glasses or contact lenses and there will be pupils who might have limited vision in one eye.
- A vision impairment is a vision difficulty which cannot be fully corrected with glasses. Certain adaptations may be needed to support access to learning and social opportunities, but this does not in itself represent a special educational need.

- Ability to access the curriculum
- Ability to develop self-help strategies
- social and emotional learning and development
- They may have:
 - assessed moderate vision loss that cannot be corrected by glasses, or be registered sight impaired by an Ophthalmologist
 - vision acuities (assessed by medical eye specialist) between 6/19 and 6/36
 - near vision which means they cannot access print below point 18
 - a diagnosed eye condition
 - a diagnosis of cerebral vision impairment (CVI).
- If a young person requires provision additional to or different from that which is normally available in the mainstream class, then school staff should consider whether the young person should be identified as having special educational needs and be recorded as SEN Support.

A small number of young people’s vision needs cannot be met by universal or targeted interventions and support approaches alone. In these cases, their vision difficulties are likely to be long term or have possible future deterioration. They may have:

- significantly reduced vision acuity
- significantly reduced near vision requiring print above point 36
- significantly reduced fields of vision
- other diagnosed eye conditions seriously impacting on their ability to access the curriculum.

Their vision needs may impact significantly on their:

- ability to follow classroom instruction
- educational progress, achievement of expected levels
- ability to form friendships or understand social expectations.

These young people are those who will require a much higher level of adult support/intervention in order to follow classroom routines and learning or are very likely to rely on large print or adapted resources and specialist equipment and or low vision aids (LVAs). They will require a very highly personalised approach drawing on additional interventions and support.

Universal

Targeted

Specialist

<p>Yellow paint on steps outside and handrails Steps inside have toe strips and a hand rail Blinds in classrooms Door frames different colours to doors Paths are kept clear from debris Classrooms kept tidy Fire routes clearly labelled Reminders to wear glasses Safe places to store glasses Support with eye patches Background colour of IWB preferred choice Seating arrangements</p>	<p>Enlarged clear text Coloured paper and screen backgrounds Darker/thicker pencils or pens Sensory audit A range of ways to record work e.g. ICT, sound recording,</p>	<p>Involvement from specialist service to assess ways to meet needs e.g. VI team Adapted books e.g. large print Fixed classroom layout</p>
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