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**Ordinarily Available Provision (OAP)**

**Schools Checklist**

# Ordinarily Available Provision checklist

Introduction

This resource is designed to support the inclusion and wellbeing of children/young people through highlighting the reasonable adjustments that can be readily made through [Ordinarily Available Provision](https://www.surreylocaloffer.org.uk/practitioners/resources/ordinarily-available-provision) (OAP) and other resources available to the school, including the [Inclusion & Additional Needs Schools service offer](https://www.surreylocaloffer.org.uk/practitioners/resources/inclusion-offer).

There are a range of strategies suggested but it is important to note that all learners are different (each child has strengths and needs that are unique to them); this is not an exhaustive list and not all strategies or interventions will be effective for all learners, and not all support can or should be provided to all or at the same time. It is important that this resource is used by settings and families/carers to plan support that is needed and effective for the individual.

**For ease of use, this section has been arranged by the four areas of need as set out in the SEND Code of Practice,** (click link to jump to the relevant section):

* [Communication & Interaction needs](#_Communication_&_Interaction)
* [Cognition & Learning needs](#_Cognition_&_Learning)
* [Social, Emotional & Mental Health needs](#_Social,_Emotional_&)
* [Sensory / Physical needs](#_Sensory_/_Physical)

However, many children and young people may have needs across more than one category and their presentation may not fall neatly into one area. You may need to refer to more than one of the lists below when thinking about individual children/young people.

It is paramount to remember that each child/young person’s strengths and needs are unique to them.

Any support or provision should be provided according to the needs of the individual.

A ‘[Medical / health needs](#_Medical_/_health)’ section has also been added to support classroom practice. Although a medical diagnosis or disability does not imply that the child or young person has a special educational need, some may have medical conditions or a disability that can impact on their access to education.

Useful resources:

Please refer to Surrey’s [Local Offer](https://www.surreylocaloffer.org.uk/practitioners/resources) for more detailed information and guidance.

* [Ordinarily Available Provision Guidance for Schools](https://www.surreylocaloffer.org.uk/practitioners/resources/inclusion-offer)
* [Inclusion & Additional Needs Schools service offer](https://www.surreylocaloffer.org.uk/practitioners/resources/inclusion-offer)
* [Surrey Healthy Schools](https://www.healthysurrey.org.uk/professionals/healthy-schools)
* [MindWorks Surrey](https://www.mindworks-surrey.org/)
* [Children and Family Health Surrey](https://childrenshealthsurrey.nhs.uk/services/occupational-therapy).

For medical/health needs detailed statutory guidance can be found in the ['Supporting pupils with medical conditions at school'](https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3) document published by the Department For Education.

|  |  |  |  |
| --- | --- | --- | --- |
| **Child/Young Person’s Name** |  | **Year Group** |  |
| **Education Setting** |  | **Date Completed** |  |

Complete sections as appropriate and relevant for the individual child/young person.

# Communication & Interaction needs

Whole School strategies for communication & interaction needs

☐ There is a current and up to date whole school policy or plan in place for C & I.

☐ There is a current audit or check of teaching staff skills with gaps identified, with a plan in place to meet the training needs of teaching staff where applicable.

☐ Whole school training/ CPD activities have taken place to raise awareness of C & I.

☐ Classrooms and learning spaces are ‘communication friendly’ and are organised to promote and enhance communication and interaction.

☐ All teaching staff are aware of and refer to Surrey OAP Guidance and the Surrey inclusion and additional needs service offer.

Difficulties understanding what is being said

☐ Hearing has been tested and appropriate measures put in place where relevant.

☐ Child/young person’s attention is gained before talking to them (e.g., cue them in with their name).

☐ Information carrying words are understood by the teaching staff who adapt communication to the child/young person’s needs when giving instructions.

☐ Visual prompts are in place and used to support language including key vocabulary, now and next, visual timetables, gesture and signing.

☐ Extra time is allowed for processing what has been said (10 seconds).

☐ Instructions or requests, if not understood, are simplified and additional visuals used to support.

☐ Understanding is checked by getting child/young person to feedback or by asking questions.

☐ Distractions are limited within the learning space.

☐ Topic vocabulary is pre-taught.

☐ The class team reduces use of sarcasm (words and body language match) and idioms (“it’s raining a lot” rather than “it is raining cats and dogs”). Explicitly teach where these occur in learning activity.

Difficulties saying what they want to, or difficulty being understood

☐ Sufficient time is allowed for the child to find the words they want to say.

☐ There are opportunities for practising language that can be predictable e.g., circle time, news, group time.

☐ Teaching staff repeat back what has been said to either expand the sentence, complexity or length; add a different vocabulary word, or model correct grammar.

☐ Talking is encouraged by commenting and giving choices rather than questioning.

☐ Alternative methods of communication are in place as needed to support with getting message across e.g., signing and picture exchanges.

 ☐ Where the difficulty is with speech and/or fluency class teams are reassuring and honest about what they understand. Understanding is checked by asking the child/young person to repeat back part of the message that they did understand and ask to repeat or draw; act out or gesture to model the words to make that message successful.

# Cognition & Learning needs

Whole School strategies for cognition & learning needs

☐ All teaching staff are aware of the principles of assessment through teaching and evidence-based approaches to intervention.

​​☐​ Whole school training/ CPD activities have taken place to raise awareness of cognition and learning difficulties and strategies.

 ​☐ ​All teaching staff are aware of and refer to OAP Guidance and the Inclusion and Additional Needs Schools Service Offer.

Attention and listening difficulties

​​☐​ Class team are aware of times of the day that may be more difficult, and necessary adjustments are made. Where possible pre-emptive action is taken.

☐​ There is differentiation of teaching and resources as appropriate to the learners’ level and not their chronological age.

​​☐​ Background noise is reduced e.g., keep classroom door closed so that there are no competing noises.

​​☐ ​Class team focus the child/young person’s attention to the task by saying their name first.

​​☐​ Visual cues are used to let child/ young person know when they need to listen.

​​☐​ Class team understands and implement strategies for being an interesting speaker. e.g., show enthusiasm, using body language to emphasise points, vary pitch, volume, and intonation.

​​☐​ The class team give information in short chunks, repeat when necessary, and give time for processing.

​​☐​ The class team provide a reason for listening.

​​☐​ A listening partner is used to remind the child/young person what to do.

​​☐​ Good listening is praised.

​​☐​ Regular, short breaks are provided.

​☐​ The class team chunk or break tasks down.

​​☐​ Individualised timetables are implemented for the child/young person.

​​☐​ Visual timetables are implemented.

​​☐​ Backward chaining is used– chain parts of the task together (e.g., build the sequence at the last part of the task and working back so the child experiences success and then gradually work back to increase more elements until they can do the entire task).

​​☐​ The child/young person is asked to repeat back what activity they are going to do.

​​☐​ Timers are used so the child/young person knows the expectation and that they only need to focus for a specific and comfortable amount of time.

​​☐​ The child/young person has access to sensory equipment to support attention and listening. e.g., fiddle toys, wobble cushions.

Difficulties with learning

Where despite appropriate differentiation, making inadequate progress over time across the curriculum and working below age related expectations.

​​​☐​ In consultation with the learner, assessment through teaching has been used to identify the areas of need in consultation with the learner.

​​☐​ Skills to fluency and promoting generalisation of learning across contexts is taught.

​​☐​ Metacognition is taught to help the child/young person develop awareness of how they learn and effective strategies.

​​☐​ There is mediated learning to ensure learning is accessible with specific feedback to bridge new learning.

​​☐​ Instructions are clear and simple. Longer instructions are broken down.

# Cognition & Learning needs continued

☐​ Visual timetables, cues and prompts are in place and used consistently.

​​☐​ Social stories are used with the learner.

​​☐​ The child/young person is given additional time before being asked to respond.

​​☐​ There is pre-teaching in place to help prepare the learner for the new topic.

​​☐​ Next steps are shared so that the child/young person knows what to expect.

​​☐​ There is differentiation of teaching and resources as appropriate to the learners’ level and not their chronological age.

​​☐​ The child/young person has support to manage self-esteem with celebrations of strengths and reinforcement of success in other areas of the child/young person’s life.

​​☐​ There is a neuro-diversity approach to celebrate the strengths of each learner.

Generalised learning difficulties

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In addition to recommendations above:

​​☐​ Adjustment, modification, and differentiation of the curriculum, right across the board, to enable the learner to fully access the curriculum.

​​☐​ Active learning is implemented with concrete, pictorial, and pragmatic approach to learning.

​​☐​ There is an emphasis on self-actualisation. Activities are designed to develop skills which will support the child/young person to become an independent learner.

​​☐​ The child/young person has support to manage self-esteem with celebrations of strengths and reinforcement of success.

Specific learning difficulties

​​​☐​ A direct teaching approach which focuses on high quality, explicit and systematic instruction is used.

​​☐​ For interventions, the adult delivering is experienced and has appropriate training in relation to the specific intervention.

​​☐​ There is use of a structured approach using task analysis that ensures one skill is taught at a time, mixing new and old learning to minimise forgetting and increase confidence (this is called interleaved learning).

​​☐​ Distributed practice is implemented: a ‘little and often’ approach which uses short frequent teaching sessions. Sessions should be regular and maintained over a sustained period, with careful timetabling to ensure consistent delivery.

​​☐​ Skills to fluency as well as accuracy (i.e., being accurate and quick) are taught, ensuring there are sufficient opportunities to practise skills before moving on.

​​☐​ Teaching activities which represent/practise the actual skill being targeted are used (e.g., using real books for reading rather than phonics scheme books which limit texts to decodable words only).

☐​ Peer-assisted learning is used where appropriate.

​​☐​ To develop meta-cognitive thinking skills, the learner is fully informed about the intervention and why they are doing it and include them in the monitoring of their progress and achievements.

​​☐​ Opportunities are provided for the learner to generalise teaching from their intervention sessions throughout the day, ensuring that there are connections between the out of class intervention learning and classroom teaching.

# Social, Emotional & Mental Health needs

Difficulties participating and presenting as withdrawn or isolated.

​​☐​ There is assessment through teaching. Identified strengths are used to develop confidence.

​​☐​ Small group work is used e.g., friendship or social skills, nurture groups.

​​☐​ Backward chaining is used – bringing learner in at the end of assembly or school day.

​​☐​ Play based activities are used.

​​☐​ The child/young person’s interest are established and used to engage them.

​​☐​ Buddying and peer mentoring is used.

​​☐​ The child/young person is given responsibility for looking after someone else.

Behaviour that concerns

​​☐​ There is a consistent message but flexible approach, e.g. ‘I want you to be in class learning’ is the consistent message, the approach to support this happening may vary or be flexible depending on individual needs.

​​☐​ The learner is supported and helped to substitute other, more acceptable, behaviours.

​​☐​ The child/young person has choices to allow them some control with the same result e.g., would you like to talk to me now or in 1 minute?

​​☐​ The learner is taught different ways to get their needs met e.g., develop social skills, strategies to manage anger.

​​☐​ The child/young person is taught readiness to learn.

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☐​ Consideration of the timetable and transitions, specific difficulties and what adjustments can be made.

​​☐​ Professionals meet to understand the underlying needs and deal with these as needed.

​​☐​ Risk assessments have been carried out and ​​there is a risk management plan.

​​☐​ There is communication with home/family. Teaching staff understand what is going on at home, if there are any issues and the impact of this. Strategies that work/do not work at home are shared with teaching staff to implement.

 ​​☐​ There is explicit teaching of de-escalation and self-management strategies.

​​☐​ There is use of distraction techniques. e.g., Give the child/young person a responsibility.

​​☐​ Preventative strategies are in place. If there is a known trigger or cause, there are strategies in place to prevent impact on the child/young person.

​​☐​ The child/young person has voluntary access to a quiet space to support emotional regulation.

​​☐​ Appropriate de-escalation strategies are in place (e.g., time out card).

 ​​☐​ Where the child/young person is not accessing education/the setting or parts of this there is a careful and considered reintegration plan in place.

​​☐​ There is a clear plan of action, agreed with parents about physical intervention.

# **Social, Emotional & Mental Health needs continued**

Physical symptoms that are medically unexplained e.g., stomach pains

​​☐​ Stress reducing activities are in place (of the child/young person’s choosing) e.g., games, dance, colouring, animals, forest school.

​​☐​ There is a log of symptoms and patterns or trends are analysed to identify triggers. Appropriate measures are put in place for triggers.

​​☐​ School liaise with the school nurse/health professionals.

Attachment difficulties (including Attachment Disorder)

N.B. any provision or support should be in line with the needs of the child/young person and NOT dependant on any formal diagnosis*.*

​​☐​ There are nurturing approaches and ethos/ nurture groups.

 ​​☐​ School liaise with parents and carers for shared understanding and history of the child/young person. Including a good transition when the child/young person starts or moved school.

​​☐​ There is a supportive, structured school curriculum.

​​☐​ Teaching staff are trained in attachment difficulties and strategies and are aware of any child/young person this relates to.

​​☐​ There is consideration of discipline/behaviour policies/procedures and adaptation of these.

☐​ There is consideration of family context and history, e.g., adopted, forces children, child in need.

☐​ There is liaison with the Virtual School and/ or EP for training and advice including working as part of the attachment aware project.

Low level disruption or attention needing

​​☐​ Differentiated use of voice, gesture, and body language is used.

​​☐​ Teaching staff focus on reducing anxiety and thereby behaviours.

​​☐​ There is a flexible and creative use of rewards and consequences e.g., ‘catch them being good.’

​​☐​ There is positive reinforcement of expectations through verbal scripts and visual prompts.

​​☐​ There is a time out/quiet for the child/young person to use.

Difficulty in making and maintaining healthy relationships

​​☐​ ​​The child/young person has a visual timetable and visual cues i.e., sand timers to support sharing.

​​☐​ There are small group/nurture groups to support personal, social, and emotional development.

​​☐​ There are a range of differentiated opportunities for social and emotional development e.g., buddy/ friendship strategies, circle time.

​​☐​ There is a log of symptoms. Patterns and trends are analysed to identify triggers with appropriate measures put in place for triggers.

​​☐​ Positive scripts are used - Positive language to re-direct and reinforce expectations.

​​☐​ Calming scripts are used to deescalate e.g., use of sand timers for ‘thinking time.’

​​☐​ Limited choices are provided to the child/young person to engage and motivate them.

​​☐​ There is a flexible and creative use of rewards e.g., ‘catch them being good’ sticker charts.

# Social, Emotional & Mental Health continued

Difficulties following and accepting adult direction

​​☐​ Patterns and triggers are monitored to identify what may be causing stress and anxiety.

​​☐​ ​​Positive scripts are used - Positive language to re-direct and reinforce expectations.

​​☐​ Calming scripts are used to deescalate including, for example, use of sand timers for ‘thinking time.’

​​☐​ Choices are limited to engage and motivate.

​​☐​ There is a flexible and creative use of e.g., rewards, ‘catch them being good’ sticker charts.

​​☐​ The child/young person has a visual timetable and visual cues i.e., sand timers to support sharing.

Presenting as significantly unhappy or stressed

​​☐​ Preferred learning styles are identified and built on.

​​☐​ There is a safe place/quiet area in the setting.

​​☐​ Feedback is used to collaborate and plan with parent or carer, to ensure consistency between the home and setting.

​​☐​ Social stories are used to identify triggers and a means of overcoming them.

Patterns of non-attendance or emotionally based school non-attendance (EBSNA)

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☐​ A shared understanding of the factors contributing to the non-attendance are established by meeting with family (i.e., the function of the non-attendance), drawing upon best practice guidance e.g., [EBSNA resource bank (padlet.com)](https://padlet.com/SEPSpadlet/ebsna-resource-bank-gn8t7m7wu1atrslq)

​​☐​ There is a named key adult maintaining daily communication, to include a wellbeing check and ensuring provision of work if not in class.

​​☐​ There has been a meeting with the child/young person to gain their views around the non-attendance, using resources on the EBSNA Padlet. [EBSNA resource bank (padlet.com)](https://padlet.com/SEPSpadlet/ebsna-resource-bank-gn8t7m7wu1atrslq)

​​☐​ There is a co-authored support plan in place for the child/young person (collaboration between the young person, school, and home).

​​☐​ There are reasonable adjustments according to the child/young person’s needs and factors contributing to the non-attendance.

​​☐​ Teaching staff are making use of the Educational Psychology helpline.

☐ When/if the child/young person is not in school there are measures to keep in touch so that they can maintain a sense of belonging/friendships etc

# Sensory / Physical needs

Whole School strategies for sensory/physical needs

☐ There has been whole school training and CPD activities about this area.

☐ The class team have received training in hearing impairments and deaf awareness.

☐ All staff are aware of any child/young persons’ sensory/ physical needs and implications in all teaching and learning environments and how to accommodate these.

☐ Staff understand wider impact of the sensory or physical disability and that this could impact on other areas including their language and social interaction.

☐ The environment is managed so that the child/young person can access communication and learning in all activities e.g., delivery of information, seating, distractions.

☐ Staff encourage child/young person to wear appropriate sensory equipment and use physical aids and ensure that all equipment is working.

☐ Staff ensure instructions are understandable.

☐ Teaching staff are aware of and refer to OAP guidance and the Schools Service Offer.

Hearing impairment

Note: Hearing Impairment needs may include temporary conductive hearing loss e.g., glue ear, unilateral loss, mild or moderate loss.

☐ Teaching staff and professionals work together to share strategies and advice to support the child.

☐ Strategies from professionals working with the child/young person, NDCS and Physical and Sensory Support are embedded. Everyone is informed of how best to support the child/young person in school.

☐ Teaching staff encourage good listening behaviour: sitting still, looking, and listening.

☐ There is appropriate and consistent use of hearing aids and assistive technology with regular checks to ensure they are working/functioning properly e.g., hearing aids are working.

☐ There is a quiet working environment, particularly for specific listening work and the classroom/ environment is adapted to reduce noise. e.g., carpeting, soft furnishing, rubber feet on chair legs.

☐ The child/young person is seated with a clear view of the teacher/speakers face and any visual material.

☐ The child/young person is positioned in the setting away from any source of noise e.g., window, corridor, fan heater, projector, the centre of the classroom etc.

☐ There is a quiet working environment, particularly for specific listening work.

☐ Instructions are delivered clearly and at an appropriate volume.

☐ Teaching staff try not to move around the room whilst talking to aid lip-reading and visual clues to support their hearing.

☐ Measures are in place to include the child/young person in group and whole class discussion e.g., only one child/young person speaks with an indication of who the speaker is. A microphone could be used.

☐ For group activities, seating is arranged so that the child/young person can see everyone, for example sit in a circle or horseshoe shape.

☐ Teaching staff repeat or rephrase pertinent information/comments made by other learners.

☐ Visual reinforcement (pictures and handouts) are provided to support learning.

☐ Physical lessons, e.g., PE or games have measures in place to support understanding and communication.

☐ Where there is an audio/visual recording with sound/speech, teaching staff repeat what is being said, provides a written copy or subtitles are available.

☐ The child/young person is encouraged to ask for clarification when not sure what is said or what they need to do.

# Sensory / Physical needs continued

Visual impairment

☐ Child/young person is encouraged/supported to use visual aids/resources that have been prescribed (e.g., glasses, magnifiers, big-print books, etc).

☐ Child/young person has an appropriate location in the class to work that e.g., near the board.

☐ Lighting is suitable for the child/young person’s needs. where possible lights are coming from behind or to the side of the child/young person.

☐ The risk of glare from the desk and whiteboard is minimised.

☐ Clear verbal/written instructions are provided to decrease the chance of misinterpreting gestures and facial expressions.

☐ The child/young person is cued in by using their name when seeking their attention.

☐ Enlarged print/magnified worksheets are provided where appropriate.

☐ Visual resources are kept simple. The less configurations on a page the better (worksheets can be cut in strips and stapled together to present less work at a time).

☐ Print materials need to be clear and dark.

☐ Have lined paper for assignments (the darker the lines the better).

☐ Near point work is limited to fifteen minutes or less. The child/young person is encouraged to look away from work, sharpen a pencil or participate in another activity as this will allow them to refocus their eyes so that they are less likely to become fatigued.

☐ The child/young person is sitting at the right distance from their work. They can measure from their elbow to their fingers and to check.

☐ A slanted desk has been tried and used where appropriate.

☐ Visual materials are accessible with sufficient/correct contrast (black and white is best) and simplistic script. Italic or ornate scripts are not used, and lower-case letters are used where possible (these are easier to read than capital letters because they have a greater number of ascenders and descenders, making them more visually distinctive).

☐ Visual material is supplemented with clear verbal explanation.

☐ There are measures in place to ensure there is less copying from (the board or elsewhere) required, for example handouts are provided.

☐ Where possible, oral activities are in place / increased and activities requiring sight reduced.

☐ Teaching staff use concrete materials and hands-on experience to teach whenever possible.

☐ The child/young person is allowed more time to complete tasks, and they are provided with breaks to combat fatigue.

☐ Expectations are not lowered because the child/young person has a visual impairment.

☐ Mobility and orientation training is provided as children/young people with visual impairment experience great difficulty in acquiring skills in direction, mobility, and travel. This is particularly important at post-primary level where the child/young person may have to move for individual subjects.

☐ There is a buddy system and buddies are used in peer tutoring. Peer-groups are encouraged to include and support the child/young person.

# Sensory / Physical needs continued

Physical disability

☐ The child/young person is encouraged to be independent.

☐ Obstacles are removed so that the child/young person can move freely from lesson to lesson.

☐ Classmates and peers are encouraged to support and include the child/young person.

☐ Physical access issues such as ramps, toilets, lifts, and classroom layout are addressed.

☐ Advice from the Occupational Therapist (OT) is incorporated in the child/young person’s programme.

☐ Use of any specialist equipment that learner has/needs is encouraged and supported.

☐ Extra time to complete tasks is provided.

☐ For children/young people using a wheelchair, where possible, teaching staff make sure they are at the right eye level when talking to them.

Sensory needs - Sensory sensitive

☐ Interventions and support from the OT resource pack have been implemented.

☐ Ear defenders are available to help learners who find auditory input difficult to process.

☐ There is a ‘smelly’ bag available or strategy to provide a positive smell for those learner’s sensitive to smell.

☐ Breaks are provided that are specific and avoid/prevent the child/young person being over stimulated.

☐ There is a ‘calming’ space in the classroom that can be accessed as and when needed.

☐ The child/young person’s position in class and in activities is considered and accommodations made based on their needs e.g., if they are sensitive to sound, they are positioned in a quiet space.

Sensory needs - Sensory seeking

☐ Activities that provide sensory feedback are provided for example:

* Sucking on a bottle or through a straw can promote deep breathing which is calming.
* Chewing on something tough or chewy can be calming.
* Heavy pushing and lifting activities.
* Exposure to bright colours and moving objects if appropriate in class.
* Move ‘n’ Sit cushion for the child/young person to sit on and allow for movement while seated.
* TheraBand on the legs of chairs gives feedback while seated.

☐ There is a ‘calming’ space in the classroom that can be accessed as and when needed.

☐ Provide frequent movement opportunities including helping to pass out resources and books.

☐ Movement breaks are provided that are specific and prevent over-stimulation.

☐ The child/young person’s position in class and in activities is considered and accommodations made based on their needs e.g., if they touch others in front of them in the line they may need to walk at the front.

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# Medical / health needs

Whole School strategies for medical/ health needs

☐ Recommendations from the guidance available from the government are embedded in the setting: [Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3)

☐ Individual Healthcare Plan (IHP)’s are in place and monitored where relevant.

☐ There is relevant and up to date training of school staff.

Severe and complex medical needs including a life-limiting conditions

☐ There are reasonable adjustments in line with the Equality Act 2010.

☐ When/if the child/young person is not in school there are measures to keep in touch so that they can maintain a sense of belonging/friendships etc.

☐ There is support equipment such as lockable medicine cabinets, first aid bags, fridges.

☐ There is appropriate training is in place for teaching staff. Including training for medication and care needs and bereavement training if applicable.

☐ The school liaise with specialist colleagues for up-to-date training.

☐ Relevant teaching and other schools staff liaise with the professionals and implement recommendations.