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Higher Bebington  
Junior School

Special Educational  
Needs and Disabilities  
Information  
for Parents



## Meeting your child's SEN/D needs at Higher Bebington Junior School

### Identification and First Steps – Provision Maps

Careful monitoring of the progress of all children is a daily part of the teacher's role. High expectations are set and all children have access to a broad and balanced curriculum.

If your child comes to Higher Bebington Junior School already on the Special Needs Register, they will automatically remain on the register. Reviews will take place early in the Autumn term of Year 3 once your child has settled in. In consultation with you, your child's teachers and the SENCO, a decision will be made as to whether your child should remain on the register, or has made sufficient progress to be removed from the register.

If your child is not already on the Special Needs Register and either you or your child's teacher have concerns about their progress in school work, behaviour or other difficulties, then a conversation should happen between the class teacher/parent and the SENCO.

Depending on need, your child may be :

- closely monitored by their class teacher and high quality class teaching will target any areas for development;
- included on the class Provision Map. Interventions may be put in place and different teaching strategies used to enable your child to make the expected progress;
- added to the SEND Register at SEND Support. At this stage, your child's class teacher, with support from the SENCO, will plan further support for your child. This may involve drawing up a one page Profile and an ISP (Individual Support Plan) which will specify:
  - ◆ short term outcomes
  - ◆ teaching strategies
  - ◆ progress towards the outcomes at specified reviewed dates.

ISPs will be reviewed regularly and new outcomes set when appropriate.

Specialist support may be requested at any point.



### Additional Support Plans (ASP)

Occasionally, a child may not make the progress expected and consideration will be given to writing an Additional Support Plan.

This stage is often characterised by further involvement of outside agencies who can give the school advice on ISPs and outcomes, provide more specialist assessment, give advice on new or specialist strategies or resources and provide support for particular needs. Person Centred Planning approaches are employed, with the child at the centre of any decisions and involved whenever possible.

The Four Broad Areas of need recognised in the SEN Code of Practice 2014:

- **Cognition and Learning difficulties.** This could be a specific learning difficulty such as dyslexia or dyspraxia or a moderate or severe learning difficulty.
- **Communication and Interaction difficulties.** This could be a speech or language difficulty or difficulties associated with the Autistic spectrum.
- **Social, Emotional and Mental Health difficulties** which are on-going and persistent. These difficulties could effect your child at school, at home or in both settings.
- **Sensory or Physical needs** which require additional equipment, regular visits from outside agencies or direct intervention or advice by practitioners from a specialist service. This area includes Vision and Hearing impairments.

### Educational Health Care Plans (EHCP)

If your child fails to make progress through an Additional Support Plan (ASP), or their on-going needs are severe or profound, it will be necessary for the school, in consultation with you and appropriate external agencies to consider whether an Educational Health Care Plan is appropriate.

The EHCP sets out the support that your child needs, the strategies in place to meet the agreed outcomes, as well as your and your child's aspirations. School, education services, health care services and outside agencies must work together to develop the plan. The child is always at the centre of the plan and, wherever appropriate, they contribute to the drawing up of the outcomes, strategies and aspirations.

EHCPs are reviewed at least once a year to review outcomes and ensure the plan is still appropriate. These plans may stay with a child from the age of 0 to 25 to ensure continuity of provision through all transition stages and into adulthood.