

# Chadsgrove Teaching School

## Request for Support

Pupil Surname	Tudor				
Pupil Forename	Finley			Sex	<b>Male</b> Female
Date of Birth	9.4.13	NC Year	1	Pupil UPN	H885214116026
Parents/Carers	Louise Tudor				
Telephone	07824309621				
School	Roman Way First School				
School Postcode	B98 0LH	School Telephone	01527 528111	Attendance in Previous Term	9.4%
SENCO email	holly.adams@gmail.com				
SENCO	Holly Adams		Class Teacher	Vicki Smith	
Who has parental responsibility?	Mum		Is pupil in LAC system?	YES	<b>NO</b>
Are there any medical conditions that staff working with the pupil need to be aware of?	<b>YES</b> NO				
Areas of Concern: (Please tick)	<div style="border: 1px solid black; padding: 5px;"> <p><input type="checkbox"/> Literacy</p> <p><input type="checkbox"/> Numeracy</p> <p><input type="checkbox"/> Language &amp; Communication</p> <p><input type="checkbox"/> Movement</p> <p><input type="checkbox"/> EAL</p> <p><input checked="" type="checkbox"/> Other (please specify)</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; width: fit-content;">Sensory issues</div> </div>				
	<div style="border: 1px solid black; padding: 5px;"> <p><b>Main Concerns:</b></p> <p>FT is on a part time timetable at school with full time 1:1 support but has not been attending since October (mum's choice). Attendance Autumn 9.4% Spring 0%</p> <p>His mum went to appeal over his EHCP and placement school (Roman Way). Roman Way was only named in order for her to get to appeal for a specialist school.</p> <p>The appeal has resulted in additional reports being requested from all services involved and a new request for a full sensory assessment possibly to provide a sensory diet. He has sensory processing difficulties.</p> <p>Assessment needs to take place at his home.</p> </div>				
Which team are you requesting support from? (e.g. Learning Support Team, Autism Team etc.)					
OT					
Background information (e.g. ASD diagnosis, dyslexia etc.)					
Complex neuro-developmental difficulties and diagnosis of ASD, Tourettes and ADHD					
<b>Please indicate the pupil's status regarding the SEN Code of Practice:</b>					
Does not have SEN   SEN Graduated Response   IA Requested   IA commenced   <b>EHCP</b>   High Level Need					



**Please indicate services which have been involved with the pupil:**

BST | ISSS | **S&LT** | EP | **Early Intervention** | Stronger Families | **CAMHS** | School Health  
 OT | GRT | Physiotherapy | Probation Service | Other *(please specify)*

Please attach copies of the following reports *(where relevant)*

- Pupil's current IEP / Provision Map
- Most recent reports from other agencies
- Most recent SAT results and Teacher Assessment Levels
- Any recent observations by Class Teacher / SENCO / Head of Year / EWS
- Any other reports which may be relevant to support the referral

**If the request is for a Learning Support Assessment, please include a sample of writing from the named pupil being referred**

**Current Attainment:**

<b>NC Levels:</b>	Reading	WTS	Writing	WTS	Maths	WTS
<b>GCSE Levels:</b>	English	x	Maths	x		
<b>Early Years Age Bands:</b>	Language & Communication	30-50D	Reading	ELG Almost met	Writing	40-60E
	Numbers	ELG Almost met	Physical	ELG Almost met		
<b>Language Link Results:</b>						

*In all cases, parental consent must be obtained prior to CTSA involvement. It is the commissioning school's responsibility to obtain this. Please ensure that this has been done before returning this form. Please see our GDPR privacy statement regarding data protection. Photographs may be used as part of the assessment and these will be stored securely in line with GDPR regulations. Reports will be shared, as required, with other appropriate specialists within the CTSA support portfolio (e.g. SALT).*

I confirm that parents/carers have consented to CTSA involvement  Date obtained

Signature of person commissioning support:

*H Adams*

Position:

SENCO

*We regret that we cannot accept typed signatures. Digital signatures or scanned electronic copies are suitable.*

Name (in capitals):

HOLLY ADAMS

Date:

11.3.19

**Please return completed form confidentially to:**

**Chadsgrove Teaching School**

Meadow Road, Catshill, Bromsgrove, Worcestershire B61 0JL

☎ 01527 871511

@ tsa@chadsgrove.worcs.sch.uk

🌐 www.chadsgrove.worcs.sch.uk



National Teaching School  
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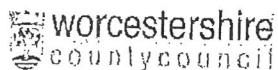
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National College for  
Teaching & Leadership







Children, Young People and Families Service Delivery Unit  
Community Paediatrics Service  
Covercroft Centre  
Colman Road  
Droitwich  
Worcestershire  
WR9 8QU

Tel: 01905 681047/01905 681056

Email: [WHCNHS.CommPaedsSCP@nhs.net](mailto:WHCNHS.CommPaedsSCP@nhs.net)

**Umbrella Pathway Assessment**  
**Final Summary Report**

**NAME:** Finley Tudor  
**DATE OF BIRTH:** 09/04/2013  
**NHS NUMBER:** 6533471309  
**ADDRESS:** 85 Batchley Road, Redditch, Worcestershire, B97 6HZ  
**EDUCATION PLACEMENT:** Roman Way First School  
**GP:** The Dow Surgery, William Street, Redditch, Worcestershire, B97 4AJ

**REFERRED TO THE UMBRELLA PATHWAY BY:** Dr Virginia Amanatidou

**REPORT COMPLETED BY:** Umbrella Team

**DATE OF REPORT:** 7<sup>th</sup> June 2018

**Introduction:**

Finley was referred to the Umbrella Pathway Team for an assessment of the difficulties he presents with relating to social interaction, social communication and rigidity of thinking/flexibility of thought. In the assessment by the Umbrella Pathway Team careful consideration was given to whether Finley was experiencing pervasive difficulties with the following:

- Social interaction and communication, leading to difficulties with social-emotional reciprocity, nonverbal communication and in developing, maintaining and understanding relationships.
- Restricted and/or repetitive patterns of behaviour, interests and activities (including evidence of sensory modulation difficulties).
- Significant impairments in all areas of current functioning because of these difficulties.

These difficulties span the spectrum of difficulties which are considered to be the essential criteria for an Autistic Spectrum Disorder diagnosis.

Chairman: Chris Burdon

Chief Executive: Sarah Dugan

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### Multi-disciplinary Assessment

The Umbrella Pathway Team comprises of professionals from several different health and education disciplines and provides assessment of children and young people referred with possible neuro-developmental difficulties.

Finley was assessed over a period of time by different professionals from the Umbrella Pathway Team and the assessment process is now complete. Copies of the following assessment reports/letters are held within Finley's electronic notes and form the basis for this multi-disciplinary summary report:

- Speech & Language Therapy Report 14<sup>th</sup> March 2018
- Clinical Psychology Report 5<sup>th</sup> February 2018
- Neurodevelopmental History 6<sup>th</sup> April 2017

**In addition, this report has also been based on:**

- Review of medical and educational records
- Questionnaires and/or report completed by the child/young person's parents/carers.
- Questionnaires completed by school staff
- Diagnostic discussion between the professionals in Umbrella Pathway Team

### Summary

It is the view of the Umbrella Pathway Team that Finley has complex neuro-developmental difficulties, including difficulties with social interaction; social communication; flexibility of thought and imaginative play/thinking. The following diagnosis was agreed:-

**Autism Spectrum** -Finley shows a complexity of difficulties, these include difficulties with his social interaction, social communication, flexibility of thought and imaginative play/thinking.

Finley also presents with difficulties with his language skills, attention, listening, hyperactivity and Tics. Alongside this he also displays a number of demand avoidant behaviours that should be monitored as his language develops.

**Finley also has a comorbid diagnosis of Tourette's and possible ADHD.**

### Main findings:

#### Strengths:

- Has superficial social skills
- Able to show excitement and enjoyment with things of his choosing
- Able to make some predictions with stories
- Shows moments of reciprocity with others but this is limited
- Able to show shared interest and enjoyment for a short period when he is motivated to engage
- Some ability to interpret other peoples verbal and none verbal communication
- Eye contact good when engaged



**Needs:**

- Interaction is on his own terms
- Not always responsive to questions
- Gives brief responses to questions (outside of his language difficulties)
- Frequently interrupted adult conversation during assessment
- Does not understand and recognise simple emotions
- Working below age related expectations at school
- Uncooperative in assessment
- Uses inappropriate language when asked to do things
- Speech was often not clear
- Some difficulties displaying facial expressions
- Difficulties with peer relationships
- Continues to think peers are his friends after they have made it clear they do not want to play with him
- Annoys his peers by intruding on their games
- Has lots of routines at home
- Gives habitual negative responses to questions
- Limited diet
- Restricted play choices at home
- Sensory sensitivities including preferring soft clothes, disliking haircuts, likes to chew
- Struggles to accept comfort
- Does not give clarification
- Finley finds it very difficult to move on from an activity
- During a turn taking game he found it difficult to follow who's turn was next
- Does not understand humour and is easily upset
- Can take jokes too far
- Can be very physical with Mum
- Uses repetitive sounds to interact with adults
- His facial expressions do not always indicate his feelings
- Jumps and climbs constantly – finds it difficult to be still
- Does not use gesture to add to his communication
- Does not use much language to support his communication
- Limited positive interaction with others
- Unable to give comfort to others
- Did not play imaginatively as a younger child
- Finds change and transition difficult
- Poor attention and listening skills
- Difficulties understanding abstract language

**RECOMMENDATIONS**

- This report will be shared with Finley's parents/carers and circulated to professionals involved
- Ongoing monitoring in the Community Paediatric Clinic
- Further advice and management by the CAMHS team is also recommended due to the complexity of his presentation including also ADHD type behaviours and Tourette's as well as significant behavioural difficulties impacting on his life at home and his ability to access the curriculum in the mainstream school







- Ongoing support in educational settings/we understand that an application for an Education Health Care Plan is currently being considered.
- Ongoing advice and guidance from the Speech and Language Therapy Services
- Advice and support from the Occupational Therapy service
- Further advice and guidance from the Autism/CCN Team can be accessed on request by the school
- The Family Front Door have already been involved with the family due to the increased level of need, however ongoing support will be required
- An Information Pack is included with this report.

Further advice and support can also be obtained from the following websites:

[www.autism.org.uk](http://www.autism.org.uk)  
[www.autismwestmidlands.org.uk](http://www.autismwestmidlands.org.uk)  
[www.asd-uk.com](http://www.asd-uk.com)

A handwritten signature in black ink, appearing to read "Emma Jesic".

**Emma Jesic – Advanced Occupational Therapist**  
**On behalf of the Umbrella Pathway Team**

cc Parents/carers

✓ SENCO, Roman Way First School, Colts Lane, Winyates West, Redditch, Worcs., B98 0LH

Autism/CCN Team (via email)

GP the Dow Surgery (via email)

Carenotes



Ref: CYPF/HA/KLP  
Date: 25 Nov 2017  
Clinic: SACC 20.10.17

**Children Young People and Families Services**  
Worcestershire Health and Care NHS Trust  
Community Paediatric Service  
Covercroft Centre  
Colman Road  
Droitwich  
Worcestershire  
WR9 8QU

Tel: 01905 681 086

[WHCNHS.CommPaeds@nhs.net](mailto:WHCNHS.CommPaeds@nhs.net)

The Dow Surgery  
William Street  
Redditch  
B97 4AJ

Dear Doctor

**Name** Tudor, Finley **DOB** 09/04/2013 **NHS No** 653 347 1309  
**Address** 85 Batchley Road, Redditch, B97 6HZ  
**Attends** Roman Way First School (part time)

#### Summary

- Complex Neurodevelopmental problem - probable Autism Spectrum Disorder (ASD) & Tourette's syndrome.

#### Professionals involved;

- Umbrella Pathway (UP)
- Speech & Language Therapy (SALT)
- Occupational Therapy (OT)

#### Measurements

Weight 20.3kg  
Height 109cm

#### Medication

- Circadin 4mg daily at night – repeat prescription from GP surgery

#### Plan

- Ongoing assessment by professionals, as above.
- Encouraged Mum to liaise with the school for further support & possible EHCP
- Review in three months

Finley, now 4y 6m, was previously seen by my colleague Dr Virginia Amanatidou. He was discussed at the multi-professional meeting held with the CAMHS however it was felt that CAMHS was not in a position to offer any further support and his care was forwarded to Consultant Community Paediatrician.

I met him with his Mum, Louise, in Community Paediatric clinic.

All of Finley's difficulties, his developmental history, and assessments at Scott Atkinson Centre have been enumerated elsewhere. This appointment was mainly to decide whether Finley fulfils the criteria for Tourette's syndrome.

Finley lives with his Mum and his 14 month old sister who may have additional developmental problems and has been referred to Community Paediatrics. Finley has not met his Dad since he was two years of age and Dad himself most likely has Tourettes syndrome. Dad is forty years old. Further since Finley was in Nursery he very frequently has episodes of throat clearing, blinking of the eyes, twitching of the side of his mouth associated with randomly shouting words which are usually learnt or repeated words. Sometimes these words include swear words which he might have picked up from people around him These were noticed in the Nursery and also during the recent assessment at Scott Atkinson Centre. I heard some of the throat clearing and occasional shouting in clinic and he was very repetitive. He however worked very well in 1:1 and definitely pacified by a smart phone enjoying music again and again on that. He was happy to be weighed and clinically he does not appear very pale.

Finley has complex neurodevelopment difficulties and I would agree he probably has Autism Spectrum Disorder and Tourette's syndrome. We had some detailed discussion about Finley's support and at present he is in education part time. He has 1:1 support. I have encouraged Mum to liaise with his school for further support in his education, including a possible EHCP. Mum further explained that the school have identified his needs and have liaised with the Family Support Team and a Family Support Worker maybe identified who might be able to support Mum outside the school. This is particularly relevant as Mum is single and has very little family support. Finley's younger sister has also been referred to Community Paediatric Service for some possible additional developmental difficulties. Finley is unable to sleep which maybe inherent to his difficulties but it is not helped when his sister wakes very frequently. He has tried 2mg Circadin in the last two weeks and I have suggested a further increase to 4mg with a maximum of 6mg if required. However there might be further environmental issues which will have to be taken care of.

I do not think at present Finley requires any medication for his Tourette's syndrome however this can be reviewed as required.

I will arrange to see Finley in three months' time.

Yours sincerely

***Electronically verified by Dr Arya***

**Dr Harsh Arya**  
**Consultant Community Paediatrician**

cc Parent-Mum

Carenotes

# Educational Psychology Service

Babcock Prime Education Services

## Psychological Advice

<b>Surname</b>	Tudor	<b>Other name/s</b>	Finley
<b>Address</b>	85 Batchley Road Redditch B97 6HZ		
<b>Date of Birth</b>	09.04.2013	<b>Sex</b>	Male
<b>First Language</b>	English	<b>Other Language</b>	N/A
<b>NHS Number</b>	6533471309		

<b>Parent/Carer (who has parental responsibility)</b>	Ms L Tudor
<b>Postal Address (if different from above)</b>	N/A
<b>Email</b>	Not recorded in paperwork
<b>Telephone</b>	Not recorded in paperwork
<b>Mobile</b>	07460698284

<b>Educational Psychologist</b>	Dr Jane Yeomans
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<b>Sources of information and involvement</b>	<p>This Psychological Report is provided as part of the statutory assessment of Finley's special educational needs under section 36 of the Children and Family's Act 2014. It is based upon the following information:</p> <ul style="list-style-type: none"> <li>➤ Records of prior involvement with Finley during the Spring Term 2018;</li> <li>➤ Classroom observation: 11.07.18;</li> <li>➤ Meeting with Ms Tudor (mother): 11.07.18; and</li> <li>➤ Discussion with Ms M Tudor-Jones (class teacher) and Ms E Waldren (Teaching Assistant): 11.07.18.</li> </ul>
<b>Date of advice</b>	12.07.2018





### **Finley's developmental history and other relevant history e.g. reasons for involvement**

Finley is a Reception pupil attending Roman Way First School. He currently attends school part time (2.5 hours per day) and has done so for all of the 2017-18 (Reception) year. When he is in school he follows a bespoke timetable and is allocated full time Teaching Assistant support.

Other background information:

- Older of two children;
- Late to sit up and walk. Didn't crawl;
- Still using single words at age 2;
- He attended nursery at Roman Way School. He displayed a high level of violent behaviour, which is now much less evident in Reception;
- He has a history of attachment and separation difficulties;
- Finley currently travels to Roman Way School by bus (two buses) from Batchley. Ms. Tudor reported that she decided to move to Batchley because she thought that Finley would attend a special school there. However when she realised that this was not possible or appropriate, she continued to bring him to Roman Way. Ms. Tudor feels that the bus journey heightens Finley's anxieties about school, so by the time they arrive at school he is often already anxious and distressed. There is a First school very close to her home in Batchley but I understand that Ms. Tudor has not yet enquired about the possibility of Finley moving there in order to avoid the stress of the bus journeys (my visit record dated 10.1.18 following discussion with Ms. Tudor notes: '*Ms. Tudor will investigate whether a school place is available at her local First School in Batchley, which is five minutes walk from her home*'). When I met with Ms Tudor on 11.7.18 to update information for the present assessment, she reported that she had not approached Batchley First School; and
- Finley has recently been diagnosed with Autistic Spectrum Condition. He is under investigation for Tourette's Syndrome and Attention Deficit Hyperactivity Disorder.

Finley is known to a number of outside agencies. These are listed in Section 6 of the Family Conversation document.

### **Finley's views and aspirations**

Due to Finley's young age and current level of communication, I did not consider it appropriate to elicit her views directly. The paperwork submitted includes a document containing his views. My observations suggest that once he has calmed down after separating from his mother he does enjoy some aspects of school.

### **Family views and aspirations for Finley e.g. education, play, health, friendships, adult life.**

In addition to her views recorded in the Family Conversation document, Ms Tudor gave the following information during our meeting on 11.7.18:

- Finley does not eat or sleep well. He frequently does not eat breakfast and is at least three times per week he is awake for most of the night. He does not yet sleep in his own bed;

➤ Finley presents with highly anxious behaviour but as yet no treatment or therapy has been

Professional contribution to Finley Tudor, date of birth 09.04.13 Education, Health and Care assessment



offered; and

- She would like a placement at a specialist school where staff are trained in meeting the needs of pupils with Tourette's Syndrome. She expressed a preference for Pitcheroak School.

### Finley communicates by:

Spoken language

## Psychological Overview

Note that due to the time available, Finley's young age and the developmental delays reported, I did not consider it appropriate to carry out formal norm referenced testing (a norm referenced test compares a pupil's performance in specific skills with those of other pupils of the same age). Many norm referenced tests have age 5 as the basal age level, so at chronological age 5 years 7 months at the time of my visits, his age is very close to this basal level, which impacts on reliability of any scores obtained. Data were therefore obtained via observation and discussion with staff who know Finley well. The Cognitive Abilities Profile (CAP; see Appendix One for description and summary) was completed in consultation with Finley's class teacher and TA.

## Cognition and learning

### Strengths and difficulties

Finley's strengths are:

- CAP ratings for attention and memory are higher than for other areas (rated as able with support);
- He maintained appropriate attention during an IT and music lesson;
- Ms Tudor Jones (class teacher) reports that he does not require a personalised visual timetable;
- He can count to 10 and is beginning to recognise some letter sounds and words; and
- In the CAP profile ratings, perceiving visual information was rated as sometimes able; and
- In the CAP profile ratings, using logical reasoning to establish cause and effect relationships was rated as sometimes able.

I have identified that Finley has the following difficulties:

- Demonstrating appropriate attention independently;
- School report limited academic progress;
- Unable to generalise learning;
- Is not yet able to classify or compare, even with support; and
- Lacks flexibility in considering alternative ways of solving problems.



## Outcomes

I would like to see Finley achieve the following outcomes by the end of the key stage

- Finley will improve cognitive abilities so that so that he can learn independently and systematically and access the curriculum;
- Finley will attend school full time so that he can access the curriculum and overall, profit from instruction.

## Provision

It is my professional opinion that Finley will need the following support and provision:

### Ordinarily available provision

- A differentiated curriculum that is delivered via daily small group and individual teaching;
- Continued daily access to play based learning, with adult support in order to scaffold his learning;
- A distraction free learning environment;
- Full time school attendance so that interventions can be implemented frequently and consistently.

### Additional and extra (special educational provision)

- Staff with training and expertise in meeting the learning needs of learners with a diagnosis of autistic spectrum condition;
- A mediational approach to supporting the development of thinking skills (cognitive abilities), using play based activities as the principle vehicle for delivering mediation individually and in small group play contexts;
- Access to a 'workstation' approach related to TEACCH<sup>1</sup> principles;
- A learning environment that uses the National Autistic Society SPELL approach:

Structure

Positive approaches

Empathy

Low arousal

Links between components of the individual's life

The effectiveness of provision should be monitored closely by the school and all recommendations for provision should be considered in light of the child's changing needs and situation.

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<sup>1</sup> TEACCH: **T**reatment and **E**ducation of **A**utistic and **C**ommunication handicapped **CH**ildren. See, for example, Mesibov, G.B., Shea, V. and Schopler, E. (2004). *The TEACCH approach to autism spectrum disorders*. London: Springer





The effectiveness of provision should be monitored closely by the school and all recommendations for provision should be considered in light of the child's changing needs and situation.

## **Communication and interaction**

### Strengths and difficulties

Finley's strengths are:

- In my observations, Finley used language in a learning interaction with his TA;
- He demonstrates appropriate language form (grammatical structures/syntax);
- Overall language was a higher rated area in the CAP; and
- He was able to follow routine instructions.

I have identified that Finley has the following difficulties:

- He sometimes uses challenging behaviour as a means of communication;
- Language use is not as well developed as form or content; and
- Social use of language is poor. He rarely interacts with peers.

### Outcomes

I would like to see Finley achieve the following outcomes by the end of the key stage

- Finley will improve language use (pragmatics) so that he can use language for social interactions;
- Finley will improve communication of emotions so that he can reduce behaviour challenges that currently are a means of communicating his emotional state.

### Provision

It is my professional opinion that Finley will need the following support and provision:

#### Ordinarily available provision

- An individual structured language programme that includes the following elements:
  - identification of key language to be drawn from an analysis of high utility need, subject specific vocabulary, vocabulary related to feelings and social skills;
  - teaching to take account of the need to generalise and apply language taught in small group and individual contexts to spontaneous language use; and
- Full time school attendance so that interventions can be implemented frequently and consistently.

#### Additional and extra (special educational provision)

- Staff with training and expertise in meeting the language needs of learners with a diagnosis of autistic spectrum condition;
- A structured, individual language and communication skills programme that uses Finley's interests in order to promote increased interest in communication, joint attention and communicative functions. Pivotal Response Training (PRT) might be a helpful

Professional contribution to Finley Tudor, date of birth 09.04.13 Education, Health and Care assessment



intervention. This is where certain behaviours are thought to be pivotal to successful communication (for example, motivation and initiation) and are therefore the focus for intervention

- Specialist language intervention that emphasises teaching and promoting the pragmatic aspects of language development/acquisition through a social use of language programme or via social stories that focus on context and audience in relation to pragmatics; and
- Lego® Based Therapy as a means of teaching and promoting social communication skills.

The effectiveness of provision should be monitored closely by the school and all recommendations for provision should be considered in light of the child's changing needs and situation.

## **Sensory and physical**

### Strengths and difficulties

Finley's strengths are:

- In my observation he participated in a music lesson with clear enjoyment and was happy to play a musical instrument (the music teacher reported that the behaviour observed was typical of Finley's engagement);
- He did not need to use any fiddle toys during my observations; and
- No significant gross or fine motor skill difficulties are reported.

I have identified that Finley has the following difficulties:

- He is reported to experience some sensory problems; for example, he does not like bright sunlight.

### Outcomes

I would like to see Finley achieve the following outcomes by the end of the key stage

- Finley will improve sensory sensitivity so that he can access a full range of school activities.

### Provision

It is my professional opinion that Finley will need the following support and provision:

#### Ordinarily available provision

- A low arousal sensory learning environment;
- Differentiated (Wave 1) provision for fine motor development; and
- Full time school attendance so that interventions can be implemented frequently and consistently.

#### Additional and extra (special educational provision)

- Staff with training and expertise in meeting the sensory needs of learners with a diagnosis of autistic spectrum condition.

Professional contribution to Finley Tudor, date of birth 09.04.13 Education, Health and Care assessment



The effectiveness of provision should be monitored closely by the school and all recommendations for provision should be considered in light of the child's changing needs and situation.

## **Social, mental and emotional health**

### Strengths and difficulties

Finley's strengths are:

- After initial separation difficulties on arrival at school, he frequently settles and is happy to take part in class activities;
- He is open to intervention from adults; and
- He initiated and responded to interactions with adults

I have identified that Finley has the following difficulties:

- He demonstrates persistent separation difficulties;
- High levels of anxiety are reported both at home and school;
- Frequent instances of challenging behaviour are observed at home and in school;
- Score obtained from the Early Years Behaviour Checklist (see Appendix One for description) was 29; the cut off score is 12. This suggests that there are high levels of concern that warrant intervention or additional support;
- He does not yet demonstrate symbolic or cooperative play; and
- He rarely initiates interactions with peers.

### Outcomes

I would like to see Finley achieve the following outcomes by the end of the key stage

- Finley will improve emotional well being (which will involve anxiety reduction and reduction in separation/attachment difficulties) so that he can participate fully in all school activities, access the curriculum, reduce instances of challenging behaviour and attend school full time;
- Finley will improve social interaction skills so that he can make and maintain appropriate peer relationships

### Provision

It is my professional opinion that Finley will need the following support and provision:

#### Ordinarily available provision

- Staff awareness that Finley may not be able to express difficulties and anxieties, which could contribute to distress. Allow some time for him to reduce anxiety; for example, time out in a quiet area;
- A differentiated approach to behaviour management that recognises the communicative functions of challenging behaviour;
- A social skills programme that links to social use of language intervention; and

Professional contribution to Finley Tudor, date of birth 09.04.13 Education, Health and Care assessment





- Full time school attendance so that interventions can be implemented frequently and consistently.

#### Additional and extra (special educational provision)

- Access to staff trained in the teaching and management of pupils diagnosed with an autistic spectrum condition;
- Lego® Based Therapy as a means of teaching and promoting social communication skills;
- Access to specialist therapy in order to reduce anxiety and address attachment issues. This therapy to take account of Finley's age, communication and interaction development and general developmental level. Therefore, approaches such as play therapy ([www.playtherapy.org.uk](http://www.playtherapy.org.uk)) or music therapy might be appropriate (music therapy might be suitable given his obvious enjoyment of this aspect of the curriculum). Further information: Birmingham Centre for Arts Therapies (BCAT: [www.bcat.info](http://www.bcat.info)). Therapy to be delivered in a therapeutic learning environment, where provision for meeting SEMH needs is integrated seamlessly with all other aspects of the curriculum and school life. I would suggest that referral to the Child and Adolescent Mental Health Service is made **as a matter of urgency**;
- Staff trained in managing anxiety; for example, via implementing approaches such as the Zones of Regulation<sup>2</sup>;
- A learning environment that can deliver a highly structured and individual behaviour management programme that is based on non aversive principles of positive behaviour support (PBS) and which places more emphasis on proactive rather than reactive strategies, thus aiming to use positive programming to teach alternative behaviours and/or means of communication which in turn will prevent challenging behaviour from occurring. This will require staff trained in this approach and a setting where strategies can be implemented with a high degree of consistency throughout the school day, so that Isaac receives a consistent response to **each and every instance** of appropriate and inappropriate behaviour;
- In order to implement the behaviour management noted in the previous bullet point, staffing levels will be required that permit a detailed functional analysis of behaviour in order to identify contexts where appropriate and inappropriate behaviours are observed. This will involve very careful and detailed observations of behaviour that record the antecedents and consequences, as well as a detailed description of the behaviours observed and the communicative functions that the behaviour is serving. Staff training and expertise in functional analysis is therefore required;

The effectiveness of provision should be monitored closely by the school and all recommendations for provision should be considered in light of the child's changing needs and situation.

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<sup>2</sup> Leah Kuypers: The Zones of Regulation. A curriculum designed to foster self esteem and emotional control (available from Amazon).



## Psychological formulation and summary of SEN needs

The available evidence suggests that Finley is experiencing severe and persistent difficulties in relation to language and communication and social, emotional and mental health. These difficulties are affecting progress in relation to cognition and learning. I would suggest that there are two key factors to be considered in relation to understanding the extent of his current difficulties and how best to intervene. These are:

- **Lack of full time schooling.** Finley has missed much of the first year of full time schooling so has not established any secure foundations for becoming an effective and independent learner or for acquiring the basic skills of literacy and numeracy;
- **Anxiety and attachment.** The persistence of attachment and separation difficulties is a significant challenge to school attendance and to Finley's emotional well being. These are **significantly** exacerbated by the daily bus journey, so consideration should be given to future travel arrangements. It should be noted that research into attachment suggests that the effects of poor attachment can be seen through childhood and sometimes into adulthood (for example, Rees, C. Childhood attachment. *British Journal of General Practice, November 2007*). The behaviours observed as a result of insecure attachment can mirror those observed in autistic spectrum condition or attention deficit hyperactivity disorder. I would therefore suggest that a very cautious approach is taken to any diagnosis or label. The available evidence suggest that the anxiety and attachment difficulties have been demonstrated for some considerable time but as yet no specialist intervention has been available. I would therefore suggest that a referral to the Child and Adolescent Mental Health Service is made **as a matter of urgency**. Reducing anxiety and attachment difficulties are likely to be pre requisites for Finley accessing full time schooling.

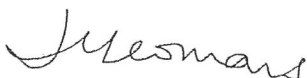
Taking account of the above two factors, I would suggest that the provision recommended will require highly specialised facilities and resources, where provision can be implemented seamlessly and consistently **across and beyond** the school day. The priority is to reduce anxiety and attachment difficulties so that Finley's emotional well being is more conducive to attending school full time and thus enable him to take a full part in all aspects of school life.

**Author: Dr Jane Yeomans**

**Cert Ed., Dip.SE, MEd, MEd (Ed Psych), PhD**

I am an Associate Educational Psychologist with Babcock Prime Education Services. I am a member of the Association of Educational Psychologists. I am on the British Psychological Society Register of Qualifications in Test Use (Educational, Ability and Attainment).

**Signed by**



**Date: 12.07.2018**

Professional contribution to Finley Tudor, date of birth 09.04.13 Education, Health and Care assessment



## APPENDIX ONE

### DESCRIPTION OF MEASURES USED

#### The Cognitive Abilities Profile (CAP)

The Cognitive Abilities Profile is a tool for summarising the cognitive abilities that an individual uses when solving problems. These abilities are not specific to any particular curriculum area, but are more general abilities that help an individual to be an effective and independent learner. The CAP is divided into three sections. The sections examine the following:

**Section A:** The cognitive abilities of the learner

**Section B:** The learner's response to teaching and mediation

**Section C:** Task analysis for classroom observation

The cognitive abilities examined by Section A of the CAP are summarised in the table below:

Cognitive abilities	Description
<b>Attention</b>	The ability to regulate attention, to filter out distractions, sustain attention and shift attention from one stimulus to another
<b>Perception</b>	Perception is the way in which the learner makes sense of and interprets all the stimuli that they encounter. It relates to using the senses to gather information and whether the learner can handle more than one source of information
<b>Memory</b>	This area covers different aspects of memory: recalling immediate information, using working memory (holding information whilst working with it), remembering visual and auditory information and remembering past learning experiences or knowledge to help solve problems
<b>Language communication</b> and	Understanding and expression. Taking account of the audience. Language structure.
<b>Reasoning/logic</b>	Being able to compare, classify, use logical reasoning, make predictions and infer relationships
<b>Strategic thinking/metacognition</b>	Metacognition means the ability to think about thinking and therefore involves insight into one's learning processes. This area also involves understanding what to do, being able to distinguish what is relevant and irrelevant, considering alternative strategies, planning the steps of problem solving, knowing when it is necessary to be precise and accurate, generalising strategies and being able to evaluate and then adjust performance
<b>Behaviours affecting learning</b>	Responsiveness to intervention from adults and peers, self-regulation (overcoming frustration), motivation, curiosity, response to challenge, persistence and knowing the need for task completion.

Information contained in the CAP was obtained via discussion with Ms M Tudor-Jones (class teacher) and Ms E Waldren (Teaching Assistant) and classroom observation.



Section A of the CAP uses a scoring system that indicates the extent to which the descriptors apply to the learner. The scoring system is as follows:

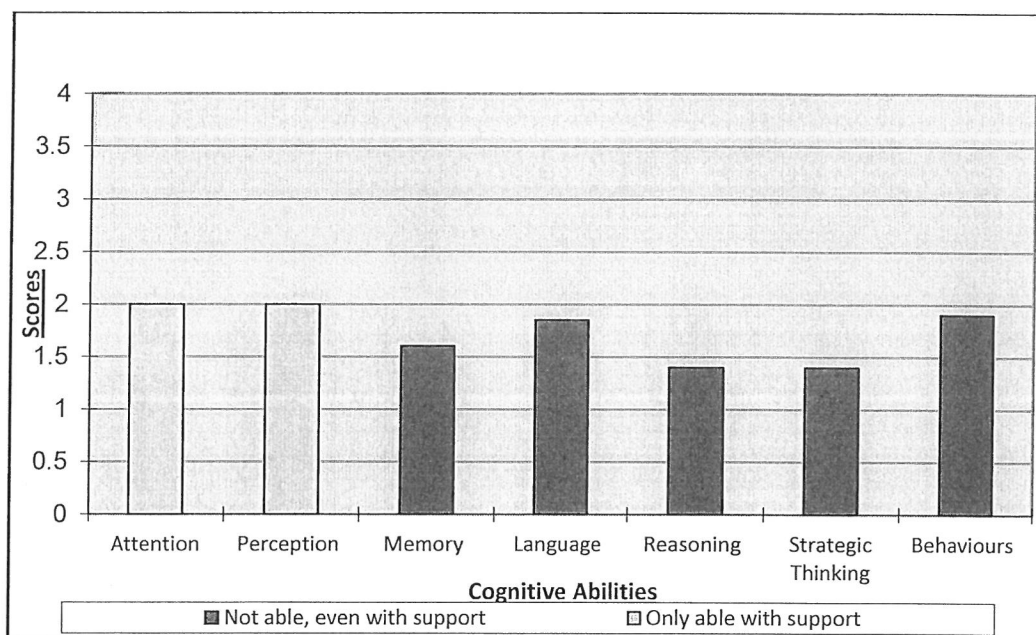
- 1: not able, even with support
- 2: only able with support
- 3: sometimes able/inconsistent
- 4: independently able

The scores are designed as an indication of the extent to which the learner is able to demonstrate particular skills or behaviours independently. They are not intended as a means of comparing the pupil with others.

Scores for individual elements of the abilities shown in the table above are summed and then an average is calculated for each area. This can then show areas of relative strength and weakness.

In the present assessment, Sections A was completed.

The scores obtained for Section A are shown in the graph below.



### **The Early Years Behaviour Checklist**

The Early Years Behaviour Checklist (Barnes and Richman) is an instrument for screening young children for signs of distress that might be demonstrated via emotional or behavioural problems. It is a 22 item questionnaire that is completed by staff who know the child well. It is designed to be used with children aged between 2 and 5 years. Items on the checklist relate to emotional expression, conduct, concentration, activity levels, social behaviour, speech and language, habits, wetting and soiling. Evidence of reliability of the checklist was provided via inter rater agreement trials carried out in relation to 108 UK children in 1986 and a further 82 children in 2003.











Children's Speech and Language Therapy Service  
Advice for Education, Health and Care Assessment

**Service Details:**

<b>Provider's Name</b>	Worcestershire Health and Care NHS Trust Children's Speech and Language Therapy Service
<b>Therapist's Name</b>	Nabeela Isseljee
<b>Job Title</b>	Speech and Language Therapist
<b>Address</b>	Catshill Clinic The Dock Catshill Bromsgrove B61 0NJ
<b>Telephone number</b>	01527 488326
<b>Email address</b>	<a href="mailto:nabeela.isseljeeboolaky1@nhs.net">nabeela.isseljeeboolaky1@nhs.net</a>

**Child's Details:**

<b>Child's Name</b>	Finley Tudor
<b>Date of Birth</b>	09.04.2013
<b>Address</b>	85 Batchley Road, Redditch, Worcestershire, B97 6HZ
<b>Current Placement</b>	Roman Way First School
<b>Date of Report</b>	10.07.2018
<b>Communication Needs</b>	Attention and listening difficulties, receptive and expressive language delay associated with Autism

This advice relates to the following areas:

- Speech, language and communication needs
- Play and interaction
- Education and Learning



## Section 1: Description of Child's Needs

### Background Information & Current Provision

Finley has been known to NHS Speech and Language Therapy since July 2016 where he was referred by his Health Visitor due to concerns about his delayed speech and language skills. Finley has received support from the service since then. Finley received a diagnosis of Autism on the 7<sup>th</sup> of June 2018.

Currently, Finley is in Reception at Roman Way First School. The Speech and Language Therapist who attends the school reviews his speech, language and communication skills when this is requested and liaises with those supporting him. Strategies are discussed and agreed to promote a common approach and achieve the optimum level of functioning.

Finley was most recently seen for a review of his communication skills in school on the 27<sup>th</sup> of June 2018. The school visit involved a classroom observation, individual assessment and a discussion with school staff.

Staff at Roman Way First School have reported that Finley:

- Has not yet established friendships in school.
- Has made progress recently.

### Current Speech, Language & Communication Skills

#### Attention and Listening

Finley responds to whole class listening cues and was able to focus on the teacher. He was able to maintain good listening for long periods of time.

During individual assessment, Finley demonstrated good attention and listening skills.

#### Receptive Language (Understanding)

In the classroom, Finley was observed to be able to follow routine and simple instructions given by the teacher.

Finley's receptive language skills were assessed using the some subtests of the *Clinical Evaluation of Language Fundamentals Preschool-2 (CELF-P2)*, which gives standardised language scores for children up to the age of seven. Results are found in the table below.

Subtests	Standard Score	Percentile Rank
Sentence Structure <i>Assesses ability to understand spoken sentences of increasing length and complexity.</i>	5	5
Concepts and Following Directions <i>Assesses the ability to understand, recall and carry out spoken commands of increasing length and complexity.</i>	4	2
Word Classes (Receptive and Expressive) <i>Assesses ability to understand relationships between words that are related by semantically.</i>	Receptive: 4 Expressive: 1	Receptive: 2 Expressive: 0.1



Note: The average Standard Score at any age is 10, with the range 7-13 being within the average range. The Percentile Rank is the number of children in 100 at the same age who would achieve an equivalent or lower score.

Assessment shows that Finley is experiencing a moderate-significant receptive language delay.

Finley's understanding of concepts significantly impacts his ability to follow instructions. Finley has not yet secured the understanding of some basic concepts which are important for literacy, numeracy and science in the early and foundation years including: **first/last, same/different, full, alone, dry.**

Ordinal concepts of time as well as some location concepts are particularly hard for him. For e.g:

- He found instructions containing 'then' hard to understand especially if the order was reversed.
- Before/after were hard to understand.
- Next to, closest to, furthest, top/bottom are not yet securely understood.

Finley also tended to confuse opposites. E.g. He knew first and last meant one end of a line but was not sure which end. He will need regular opportunities to experience these concepts in his daily environment to support his understanding. He would benefit from new concepts being introduced one at a time e.g. float/not float rather than float/sink. This will help him to learn one concept securely before the opposite one is introduced.

During the Sentence Structure subtest, Finley was asked to listen to a sentence and select the matching picture from a choice of 4 pictures. Finley had difficulty understanding sentence structures and selected pictures based on the key words he recognised especially when the sentences became more complex in nature (e.g. "The girl who is standing in front of the line is wearing a rucksack").

During the 'Word Classes' subtest, Finley was shown 3 pictures and asked to decide which 2 pictures belong together (e.g. 'crayon, pencil, strawberry'). Finley demonstrated some understanding of how words are related by their meaning (e.g. he knew that 'crayon' and 'pencil' went together) but overall, he found this task challenging. He had difficulty to group words accurately or identify the common link (e.g. When shown 'blankets, brick and pillow', Finley chose 'brick' and 'pillow' and said "here"). Knowledge of categories (e.g. food) and subcategories (e.g. fruit, vegetables) helps children to learn and understand new vocabulary by 'hooking' new words on to words they already know. Recommendations to support Finley to develop these skills are found below.

### Expressive Language

In the classroom, Finley was observed using language to talk to his Teaching Assistant for various reasons, e.g. initiating, responding and commenting.

Finley's expressive language was assessed using subtests of the CELF-P2. This test asks the child to look at a range of pictures of objects and actions. Please see table below for results.

Subtests	Standard Score	Percentile Rank
Expressive Vocabulary <i>Assesses ability to name pictures of people, objects and actions.</i>	7	16

Note: The average Standard Score at any age is 10, with the range 7-13 being within the average range. The Percentile Rank is the number of children in 100 at the same age who would achieve an equivalent or lower score.

Finley's expressive vocabulary was found to be within the expected range for his age.





Finley's use of vocabulary and a range of grammatical structures in sentences were assessed using the Renfrew Action Picture Test (RAPT).

	Age Equivalence
Information Score	Less than 3 years 6-11 months
Grammar Score	Less than 3 years 6-11 months

Finley's use of vocabulary and grammar within his sentences was found to be significantly below the expected range for his age.

His responses did not always include all the important information and at times Finley used non-specific words (e.g. there) rather than using the actual names of people, places and objects when formulating his sentences. This means that adults will need to rely upon context to support their understanding in general conversation. He benefitted from prompts to be able to provide more information about the pictures shown to him. For example:

Question: "What is the mother going to do?"  
 Target sentence: "The mother will put the girl's boot on"  
 Finley's production: "is going to fix a leg" (*Prompt*) "going pull leg up"

Finley is using verb endings to reflect the past and present tense (e.g. jumping, tried), however these were not consistent. He is able to use regular plurals accurately (e.g. apples) but did not make use of irregular plurals (e.g. mice).

Finley needs to hear a really good adult model to continue to develop his grammar. If he makes a mistake, simply repeat what he has said using the correct grammar. Say the sentence back to him and emphasise the correct grammar, but do not correct him by saying the incorrect sentence back to him and then giving him the alternative, as this will be confusing for him.

#### Social Interaction and Social Communication

Finley has a diagnosis of Autism, therefore this is a challenging area for him. Finley presents with the following strengths and needs in this area:

#### Strengths

- Copes better in structured environments
- Can display shared enjoyment when he feels safe and the topic is of his choice
- Will make good eye contact when calm and safe

#### Needs

- Likes to be in control of situations
- Little reciprocal and synchronous conversation
- Difficulties making friends
- Finds it difficult to make links with different ideas and be creative in his thought process
- Finds change difficult
- Has significant sensory needs
- Has repetitive motor and vocal tics
- Has highly restricted interests



## Speech

Assessment of all the different speech sounds in all word positions (at the beginning, middle and end of a word) was carried out using an informal Speech Sounds Assessment. Finley presents with an interdental lisp on his /s/ sounds. His speech seems to be developing in line with his other areas development.

Finley is intelligible to staff and peers and was intelligible to the therapist during the assessment.

Finley appears to have stored words incorrectly and while retrieving them he is making errors such as using "fower" for 'flower. He needs to develop a secure phonological awareness of sounds so that he can store the sounds in new words correctly and retrieve them appropriately. Please see strategies on how to help with this below.

## **Implications for Access to the School Curriculum**

Finley is likely to experience difficulties with:

- Participating in whole class discussions.
- Following instructions, particularly those that are unfamiliar and also multi-step instructions.
- Understanding and using abstract language in subjects such as Numeracy.

## **Speech, Language & Communication Needs**

Finley presents with a moderate to significant delay in his understanding and expressive language skills.

He needs support in school at a universal and targeted level to develop:

- His understanding of early concepts linked to literacy, numeracy and science.
- His semantic skills (vocabulary and word meanings).

This means he needs adults to use strategies throughout the day and regular opportunities to access individual, paired and small group interventions.

It is anticipated that the advice given in this report will be appropriate for some time; therefore, further assessment from the Speech and Language Therapy service is not indicated at this time.

Finley will remain on the Speech and Language Therapy caseload. He will be reviewed on an annual basis or sooner, if this is specifically requested by school staff or parents.

All adults should continue to use the following strategies to support Finley:

- Keep the instruction short and avoid unnecessary language. For example, "Please could you come and sit down on the carpet" would be better as "Sit here, please"
- Chunk longer instructions into single steps.
- Allow processing time. If you are sure that the child has heard you, count silently to 10 before repeating the question to make sure that the child has enough time to process.
- Do not rephrase the instruction unless you are sure that the language level was too high, as this will increase the amount of language that the child has to process.
- Use natural gesture and facial expression to support your language.



- Use visual clues such as objects, signs, symbols and written words to help the child understand. Make sure that they are at the right level for the child's abilities.
- Avoid using "before" and "after" which can cause confusion. "First" and "next" are easier to understand, especially if used with counting on fingers or with photographs.
- Check that Finley understands the type of response expected and provide a model, practical illustration or example where possible.
- Overlearn new vocabulary using a multi-sensory approach (e.g. Word Aware) to increase the chances of Finley processing and remembering them accurately:
  - Tell pupils it's a new word. Say the word in isolation first, and then use it in a sentence. Give pupils the chance to say the word aloud too.
  - Encourage Finley to look at you when you are teaching a new word so he can 'see' the sounds.
  - Show pupils an object, picture or video to help them understand the new word. Words are easier to remember if you know what it looks like.
  - Talk about the meaning – what it is for, who uses it, where it is found, what it looks/sounds/smells like.
  - Write it down and talk about the phonological features of the word –what it rhymes with, the first sound and clap out the syllables etc.
  - Include verbs, adjectives and concepts as well as nouns.
  - Choose words which relate to current books/topics so pupils can hear the word lots of times in context. Revisiting new words will help them stick!
- Be explicit about how a lesson fits in with previous work on the same topic as Finley may not naturally make the links between lessons, and this will help him apply the learning he already has.
- If Finley makes a mistake when he's talking, don't ask him to repeat after you. Instead, repeat what he has said using the correct grammar to provide him with a really good model.
- Make social rules explicit.
- Teach rules for life – if you introduce a new rule make sure that it is appropriate for all age groups.
- Make sure adults in the class model appropriate skills e.g. putting their hand up to speak, not interrupting etc.
- Praise appropriate behaviour in peers
- Identify what the child should do rather than what the child should NOT do. For example, "Put your hand up when you want to speak in class" rather than "don't shout out"
- Avoid long and complicated explanations. Just explain what the rule is.
- Draw the child's attention to times when the child shows appropriate skills and praise them for it. E.g. "You remembered to say hello to me when you saw me in the playground and that made me really happy – well done!"

## Section 2: Long Term Targets / Outcomes

Finley's language skills will continue to develop so that he is able to communicate his wants, needs and wishes effectively to others.



### Section 3: The Child's Action Plan – Short-term Outcomes and Interventions

Short Term Outcome	What Intervention/Input?	Who?	When?	By when?
<p>To develop Finley's understanding of the early concepts:</p> <ul style="list-style-type: none"> <li>• First/Last</li> <li>• Same/different</li> <li>• Top/bottom</li> <li>• Full</li> <li>• Alone</li> <li>• Dry</li> </ul>	<p><u>Universal</u></p> <ul style="list-style-type: none"> <li>• Provide opportunities for Finley to hear these words in context throughout the day. He will need to hear these words lots of times in lots of different contexts in order to fully understand and use them appropriately.</li> </ul> <p><u>Targeted</u></p> <ul style="list-style-type: none"> <li>• Use the <i>Developing Language Concepts Programmes for School-Aged Children</i> by Bridget Burrows provided to teach the specific meaning of these words. Refer to tables for Levels 1, 2 and 3 to provide a rough guide to the order of acquisition.</li> <li>• Specific activity ideas for teaching concepts can be found in this book or in <i>Word Aware 2</i> by Stephen Parsons and Anna Branagan.</li> <li>• These concepts should be introduced one at a time. Teaching opposite concepts at the same time can be confusing.</li> </ul>	<p>All school staff</p> <p>Appropriately trained Teaching Assistant</p>	<p>As an integral part of the curriculum</p> <p>At least twice a week</p>	<p>Spring 2019</p>
<p>Finley will develop his word knowledge. He will understand and explain how words are related by their meaning using the following word associations:</p> <ul style="list-style-type: none"> <li>• function</li> <li>• location</li> </ul>	<p><u>Universal</u></p> <ul style="list-style-type: none"> <li>• Use the vocabulary teaching approaches from <i>Word Aware</i> by Stephen Parsons and Anna Branagan to teach new vocabulary in class. This approach will support pupils to learn and retain new words.</li> </ul> <p><u>Targeted</u></p>	<p>All school staff</p> <p>Appropriately trained</p>	<p>Daily as an integral part of the curriculum</p> <p>Twice weekly</p>	<p>Spring 2019</p>





<ul style="list-style-type: none"> <li>category</li> </ul>	<ul style="list-style-type: none"> <li>Support Finley to develop his ability to make meaningful links between words to increase his word knowledge and vocabulary by providing opportunities for him to work with a Teaching Assistant in a pair or small group.</li> <li>Use familiar pictures/objects to sort by function, location, category (e.g. food) and subcategory (e.g. fruit/veg).</li> <li>Using hoops from the gym to create Venn diagrams is a visual and kinaesthetic way to sort objects.</li> <li>Staff may also wish to use pictures/objects linked to class topics.</li> <li>Talk about how the items have been sorted and once finished, model the phrase "these all go together because..." to help Finley to learn category names.</li> </ul>	Teaching Assistant		
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These recommendations are subject to review and may be altered at any time by the child's Speech and Language Therapist to reflect changes in his communication needs.



**Nabeela Isseljee**  
**Speech & Language Therapist**  
**BSc, CertMRCSLT, RegHCPC**

**Date: 10.07.2018**



**Jacqueline Woodcock**  
**Team Leader**  
**Speech and Language Therapy Services**

**Date: 21.7.18**

Copies to:      Parents –  
                      School –  
                      SEN Services  
                      File  
                      Carenotes



**AUTISM/CCN TEAM**

**Integrated Needs Assessment – Children and Families Act 2014**

**EHCP ASSESSMENT REPORT**

<b>NAME:</b>	Finley Tudor
<b>DATE OF BIRTH:</b>	09.04.2013
<b>GENDER:</b>	Male
<b>YEAR GROUP:</b>	Reception
<b>WHO HAS PARENTAL RESPONSIBILITY?</b>	Mrs Louise Tudor (Mother)
<b>PARENT/CARER ADDRESS:</b>	85, Batchley Road, Redditch, Worcestershire, B97 6HZ
<b>CONTACT NUMBER:</b>	07460 698284
<b>SCHOOL:</b>	Roman Way First School
<b>SCHOOL ADDRESS:</b>	Colts Lane, Winyates, Redditch, B98 0LH
<b>HEAD TEACHER:</b>	Mrs Scarborough
<b>SENCO NAME &amp; EMAIL:</b>	Miss Holly Adams
<b>SPECIALIST TEACHER AUTISM/CCN TEAM:</b>	Ann Croft
<b>EMAIL:</b>	<a href="mailto:ann.croft@babcockinternational.com">ann.croft@babcockinternational.com</a>
<b>DATE OF ASSESSMENT:</b>	14.06.18
<b>SOURCES OF INFORMATION:</b>	<ul style="list-style-type: none"> <li>• Pre-School Forum Strengths and Needs Profile by Nicky James – 12<sup>th</sup> July 2017</li> <li>• Transition Support Report by Natasha Deary - 16/10/17</li> <li>• Observational assessment – 14.06.18 – including conversation with Ms Tudor and school staff.</li> </ul>

**BACKGROUND INFORMATION:**

Finley has a diagnosis of Autism Spectrum and is currently under further investigation for possible Tourette's. He is currently on a part-time timetable at school due to anxiety-related behaviours.

Finley is known to the Speech and Language Therapy Service; Occupational Therapy Service, Educational and Clinical Psychology Services and Community Paediatrics.



## YOUNG PERSON'S ASPIRATIONS & CONTRIBUTION

Finley's views are represented in the 'My Views' form and will not be duplicated here.

- Due to his general developmental delay, immature communication skills and difficulties coping with changes to routine, a formal conversation with Finley was not carried out at this time.

## PARENT CONTRIBUTION:

Parent's views are represented in the 'Family Conversation' form and will not be duplicated here. However, in addition Mrs Tudor stated the following:

- Finley can be absolutely fantastic at home. He is a different child when away from school as his anxiety and subsequent aggressive behaviour reduces. Finley experiences huge levels of anxiety around school.
- At home, he can be very lively. He likes to bounce on his beanbag. He does not play with toys but mostly plays on his electronic gadgets.
- Having an iPad helps to reduce Finley's anxiety, especially on bus journeys coming into school. He does not like waiting for buses or waiting in queues when at the shops etc.
- Finley does not like being outside and would stay inside all day if he could.
- Finley is very rigid with eating. When he stayed at school for school lunch, he would only eat bread and butter. At home, he eats mainly chicken and potato based products. He always has to have his food cut in the same way.
- Finley is on a part time timetable at school, so does not have to eat lunch at school. He will eat dinner at home after leaving school early. He eats biscuits that Mum sends in at school but will not eat general school biscuits or fruit. At home, he will sometimes eat a certain type of food for a few weeks but then suddenly refuse to eat it ever again.
- On a good day, Finley will get up, go to bathroom, get ready for school etc. He will eat breakfast when not going to school but does not eat breakfast before coming into school. Sometimes he will eat a biscuit but not always. When not going to school, Finley will eat toast and crumpets for breakfast.
- The family currently have to get 2 buses to school every day. This can be a difficult journey as Finley gets very anxious and will swear (possible Tourette's). Some days it can be very difficult to get him into school as he can become too violent, hitting Mum and pulling her hair.
- Mrs Tudor's wishes for Finley's future are that he is able to reach his full potential educationally, have a job and have his own place to live etc. He needs a good education so that he can learn and his anxiety can be managed.
- Mrs Tudor feels that a specialist provision would suit Finley best.

## FINLEY COMMUNICATES BY:

English spoken language.

## SPECIAL EDUCATION NEEDS

### COGNITION & LEARNING:

<b>EYFS LEVELS:</b>	Communication & Language:	Listening: 40 months (developing) Speaking: 30 (developing) Understanding: 40 (developing)
	Personal, Social & Emotional:	Feelings: 40 (developing) Relationships: 30 (developing) Self-confidence: -40 (emerging)
	Literacy:	Writing: 40 (developing) Reading: 40 (developing)
	Mathematics:	Numbers: 40 (developing) Shape and space: 40 (developing)

