Leicester City Council
Social Care & Education
SEND Support Service (SENDSS)

Leicestershire County Council

DESCRIPTORS OF PROVISION FOR PUPILS IN SPECIAL SCHOOL

These banding descriptors have been produced to support understanding and awareness in multi-agency panels and facilitate the moderation of the provision of pupils within special schools. The descriptors are subject to ongoing review and revision.

These banding descriptors are a **best fit model** to provide guidance based on professionals' experience and expertise. A child or young person may have multiple areas of need and fit within multiple bands. In this case, use a best fit approach to apply a band.

Universal Special School Provision

Learning

- Additional support (small group and, at times, 1:1) in many areas of the curriculum to acquire basic learning skills and social competencies. This will be in the form of long-term adaptive programmes carried out with trained special school staff.
- A specially designed curriculum is in place across the school with a focus on core skills and preparation for adulthood.
- Community resources (including the sharing of selected and highly differentiated learning experiences with mainstream peers) is required in order to support teaching and generalise functional learning.

Enhanced ratios

- Small class sizes in comparison to mainstream (may vary dependent on type of specialist provision and cohort)
- Higher ratio of staffing to pupil

Skillset of staff

- Staff have enhanced training, experience and knowledge in areas specific to the designation of specialist provision they are working within.
- Training is regularly reviewed and updated in line with guidance and adapted to suit the needs of the cohorts.
- More regular access to external professionals.
- Pupils often require significantly higher levels of long-term inter-agency co-operation and planning.
- Staff are experienced and familiar with working across multi-agency teams (e.g. SALT, Social Care, CAMHS, Occupational Health)

Environment

- Classroom, and wider school, environment is organised to meet the different needs of pupils with SEND taking into account the size of room, accessibility, storage, acoustics, lighting and outside spaces
- Access to additional specialist facilities (sensory rooms, hydrotherapy rooms, soft play etc), as available.
- Access to community resources and facilities to support community engagement and preparation for adulthood to apply functional learning.
- Carefully curated transitions around the buildings/grounds and outside of school.
- Spaces are regulated to provide secure access to rooms/areas of the school.

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Communication, Interaction & SLCN

Band	Need/Observations	ENVIRONMENT	Curriculum Arrangements, Teaching approaches & strategies	Specific Programmes & activities
F **SP1**	**The child or young person:** • has limited functional communication & will take a prolonged time to process & respond to language. • requires support due to difficulties understanding and responding to instructions. • has difficulties expressing emotions; with visual support is able to indicate a simple emotion with minimal prompting. • has a limited awareness of danger e.g. beginning to learn hot/cold. • regularly/intermittently exhibits rigid or obsessional behaviours. • can struggle with changes to routine & structure & requires intermittent adult support to reduce stress & anxiety. • Regularly has difficulties developing relationships with others.	**The child or young person requires:** • a low arousal environment regularly to maintain regulation & well-being. • Access to sensory facilities, sensory circuits etc • specialist learning environments that provide physical and visual structures to meet sensory needs. • Access to break out spaces for regulation and intervention, 1-2 times a week. • specialist learning environments that allow adequate and appropriate floor space, storage, acoustics, lighting, and colour contrast. • Specialised AAC (some pupils only) • An environment that supports planned transitions.	**The child or young person requires:** • a structured teaching approach to deliver the curriculum. • opportunities for whole group, small group, 1:1 teaching & independent work daily. • regular support to interact appropriately with peers. Is dependent on but, able to use with some support, a communication or AAC system e.g. PECS, iPad, to access the curriculum. May have sensory issues requiring equipment & direct support e.g. access to sensory space, regular planned staff intervention, ear defenders, sensory breaks.	Therapeutic support such as: SALT, physiotherapy, occupational therapy, multiagency team, medical support, school nurse, social services, educational and clinical psychology, sensory impairment, music therapy, Connexions, EBP etc. These interventions will need to be planned and carried out by specialist support staff. This may include care plans and interventions carried out by health professionals.
G **SP 2**	Significant language and/or speech difficulties which affect their ability to communicate successfully with all but those most familiar to them, even with contextual support. **The child or young person:** • has a very limited awareness of danger. • frequently exhibits rigid or obsessional behaviours. • has frequent difficulties developing relationships with others. • Is learning to use a mixture of speech and augmented/assistive communication systems to make needs/choices known and is likely to experience difficulties experienced with communication, which may present through frustrations. • has significant difficulties expressing emotions & requires prompting and support to visually indicate a simple emotion. • Is frequently anxious or frustrated, leading to unpredictable behaviours that jeopardizes the health and safety of self and others. • CYP has significant difficulties in understanding and/or responding to their own emotions and the emotions of others. .	**The child or young person requires:** • a low arousal environment for majority of the day to maintain regulation and well-being. • frequent access to a learning environment which facilitates low arousal access to learning (e.g. workstation, space away from the classroom) • Access to break out spaces for regulation and intervention 3-4 times a week. • Personalised visual structures for each child or young person. • access to sensory stimulation for passive learners throughout the day to ensure engagement in learning i.e. cause and effect resources. • Specialised AAC (some pupils only) • minimal transitions to support their regulation. • An environment that responds to individual sensory profiles i.e. hyper or hypo stimulation.	**The child or young person requires:** • adult support to use communication systems (AAC) to access the curriculum. • frequent adult support to interact appropriately with peers. • structure and routine to reduce stress and anxiety with frequent adult support for actual or perceived changes. • requires regular support due to difficulties understanding and responding to instructions and prolonged time to process & respond to language. Sensory issues requiring specialist equipment and/or trained staff. Needs frequent & planned staff intervention e.g. access to low stimulus areas, sensory break/circuit.	Will require an individual communication programme and technical support. If using a Speech Device this will have been recommended following an assessment external to the school. **The child or young person requires:** • access to play interaction and/or intensive interaction. • access to: softplay areas, interactive light and sound rooms, hydrotherapy pool and communication rooms. • specialised furniture and communication aids (high and low tech AAC). • ICT equipped environments and facilities, and mobility and fine-motor aids. • regular therapy support in order to ensure an integrated education/therapy provision which may include SALT, OT, physiotherapy and music therapy which may be provided by outside agencies such as Health. • Multi-agency support: medical, social worker, community nurse and educational psychology.

H **SP3**	Severely limited language skills; pre-verbal and very limited or no understanding of language or other means of communication, and faces difficulties in accessing communication systems. **The child or young person:** • needs intensive support due to difficulties understanding and responding to instructions and prolonged time to process & respond to language. • Is not yet able to access communication systems (AAC) to make requests or access curriculum. • Has significant difficulties expressing emotions & is not yet able to identify simple emotions. • Has no awareness of dangers or risk to self or others. • Exhibits significant rigid or obsessional behaviours. Without extensive structure and routine will become extremely stressed & anxious, requiring significant adult support. • Has significant difficulties developing relationships with others. Requires intensive adult support to interact appropriately & safely. • Has sensory issues which present a significant barrier to learning. Needs significant staff intervention, planned & unplanned, to ensure they remain safe, dignity is maintained, etc. • Has an inability to tolerate any social interaction other than meeting own basic needs. • Can display unpredictable, escalating and prolonged distressed behaviours throughout the day that jeopardises health and safety of self and others **Due to high communication and interaction needs, children and young people may present with a high SEMH need; behaviours exhibit as a result of their Autism and/or communication and interaction needs.**	**The child or young person:** • Requires a low arousal environment throughout the whole day to maintain regulation and well-being such as timetabled access to a low arousal or safe space to regulate and prevent sensory overwhelm. • Persistently requires access to a learning environment which facilitates low arousal access to learning (e.g. workstation, space away from the classroom) • Specialist teaching facilities may include one-to-one teaching areas, therapy rooms, medical rooms etc and secure, stimulating and adapted outdoor play areas. • Environment to support sensory needs i.e. proprioceptive, vestibular, interceptive provision, both indoor and outdoor. • Access to break out spaces for regulation and intervention multiple times a day. • Requires specialised AAC • Access to outside space for self-regulation and learning. • Requires an individualised sensory profile that is followed throughout the day. For some pupils, access to Community resources to support teaching and generalise functional learning (including the sharing of selected and highly differentiated learning experiences with peers) will require careful planning and assessment of potential risks	Requires access to a highly personalised learner led curriculum with appropriate environments & resources using structured teaching methods e.g., TEACCH.	**The child or young person requires:** • An individual communication programme and technical support. • Intensive therapy support in order to ensure an integrated approach which may include: SLT, OT, physiotherapy and music therapy provided by outside agencies such as Health. • Multi-agency support: medical, social worker, educational psychology, and specialist CAMHS team

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Cognition & Learning

Band	Need/Observations	ENVIRONMENT	Curriculum Arrangements, Teaching approaches & strategies	Specific Programmes & activities
F **SP1**	Cognitive need means that some staff support is needed for personal care and safety. May require occasional support to maintain appropriate behaviour for learning Requires additional support to follow instructions and participate in learning activities at an appropriate level to them. May require some occasional adult support to ensure safety when accessing the broader curriculum.	**The child or young person requires:** • Daily small group teaching by staff with appropriate specialist training, qualifications and experience. • Needs a small class size with regular opportunities for small group work and some 1:1 sessions. • Adapted and specialised classroom teaching and learning resources.	The child or young person requires an adapted curriculum with regular opportunities to pre learn and over learn key concepts, vocabulary and skills. There is strong emphasis on pupil transference of skills across real life settings. Concepts and skills must be taught systematically in multiple contexts.	Specific Literacy and / or numeracy programmes (research based) or bespoke/personalised programmes delivered on a 1:1 basis but with a view to increase the amount of time that they can work independently. Regular therapy support in order to ensure an integrated education/therapy provision which may include: SALT, OT, physiotherapy and music therapy which may be provided by outside agencies such as Health. Multi-agency support: medical, social worker, community nurse and educational psychology. ICT equipped environments and facilities, specialist programmes to support CYP to demonstrate knowledge & understanding and fine-motor aids. Specialist programmes to support pupils to demonstrate knowledge and understanding.
G **SP2**	**The child or young person requires:** • frequent adult support to ensure safety when accessing the broader curriculum. • Cognitive need means that regular staff support is needed for personal care. • frequent support to maintain appropriate behaviour for learning (i.e. to overcome anxiety/frustration relating to cognitive disability) • frequent support to follow instructions and participate in learning activities at an appropriate level to them. • Complexity of cognitive needs means that retention of learning is limited. Sensory seeking /avoiding presentation limit engagement in learning and impact across the whole school day but can be managed to support learning and development of functional skills. When significant tailored provision is in place, the CYP can remain focussed for extended periods of time within the school day.	**The child or young person requires:** • a learner led curriculum with adapted core subjects such as English, Math, Phonics, with appropriate environments & resources. • A small class size within a small group and regular 1:1 support to support focus and retention. • Learning takes place in a variety of settings to support the CYP to generalise learning.	**The child or young person requires:** • A staged approach to teaching strategies to meet cognitive needs of the CYP. • Specialist strategies to support the CYP to follow instructions and participate in learning activities.	Specialist teaching facilities may include one-to-one teaching areas, medical rooms, and secure, stimulating and adapted outdoor play areas. Regular therapy support in order to ensure an integrated education/therapy provision which may include: SALT, OT, physiotherapy and music therapy which may be provided by outside agencies such as Health. Multi-agency support: medical, social worker, educational psychology, and specialist education services

H **SP3**	Cognitive need means that the pupil is reliant on staff for personal care, self-help, and independence skills. **The child or young person:** • has a range of significantly complex needs, including Cognition and Learning. • Is functioning at early developmental level • requires intensive support to maintain appropriate behaviour for learning (i.e. to overcome anxiety/frustration relating to cognitive disability) • Requires intensive support to follow instructions and participate in learning activities at an appropriate level to them. • Complexity of cognitive needs means that engagement in learning is severely limited. When significant tailored provision is in place, the CYP can access learning for short periods of time within the school day.	**The child or young person:** • Requires a highly bespoke curriculum, within a small class size, with continuous 1:1 or paired support to access learning, with appropriate environments & resources. For some pupils, access to Community resources to support teaching and generalise functional learning (including the sharing of selected and highly differentiated learning experiences with peers) will require careful planning and assessment of potential risks Some pupils will require access to soft play areas, interactive light and sound rooms, hydrotherapy pool and communication rooms. Some pupils will require specialised furniture and communication aids (high and low tech AAC).	The child or young person requires a highly adapted curriculum with opportunities to pre learn and over learn key concepts, vocabulary and skills multiple times a day. Direct teaching by teachers with appropriate specialist training, and experience. Requires intensive adult support to ensure they are safe when accessing the broader curriculum.	Intensive therapy support in order to ensure an integrated approach which may include: SLT, OT, physiotherapy and music therapy provided by outside agencies such as Health. Multi-agency support: medical, social worker, educational psychology and specialist CAMHS team. ICT equipped environments and facilities, and mobility and fine-motor aids.

SEMH

Band	Need/Observations	Environment	Curriculum Arrangements, Teaching Approaches & Strategies, School Culture and Ethos	Specific Programmes & activities
G SP 1	CYP's presenting behaviours cause a level of dysregulation of emotion that impacts on the CYPs ability to engage with and access education. These needs may present as externalising behaviour (for example behaviours that are disruptive or hyperactive) or internalising behaviours (withdrawal and emotional). These behaviours can occasionally pose an increased level of risk to themselves and/or others. Pupils will have a variety of underlying needs, that have often been unrecognised or unmet, that impact on the levels of emotional and social dysregulation. These include: • Experience of trauma, insecure attachments and adverse childhood experiences • Neurodiversity (diagnosed or not yet diagnosed) such as ASD and ADHD • Mental health needs, such as anxiety, low mood, self-harm • Cognition and Learning or Speech and Language needs	**The child or young person requires:** • A whole school environment that is communication friendly • Secure spaces to allow pupils to feel safe and protected. • High staff ratios, both teaching and pastoral, to enable responsive staffing to meet their needs. • Access to areas with natural light and spaces with minimal distractions (both visual and auditory) that promotes calm and reduces overwhelm • Designated break-out spaces (inside and outside) to develop self-regulation • Outside learning spaces used regularly. • Spaces that are planned and resourced for both academic and vocational learning (e.g. bike repair workshops, science labs, animal care facilities) • Spaces that are flexible and can respond to individual needs	**The child or young person requires:** **Curriculum Arrangements** • A curriculum that covers differentiated ability ranges including basic skills and opportunities to access formal qualifications, for example GCSEs. • Opportunities to learn vocational skills and qualifications both in school and in the wider community. • Direct teaching by teachers with appropriate subject specialist experience and qualifications. • A curriculum that focuses on emotional and social learning in additional to academic learning. **Teaching Approaches and Strategies** • Routines and timetables that allow for flexibility and facilities for withdrawal for periods of time • Staff that are trained in mentoring to support individual needs. • Staff that are trained in relational approaches and use these theories to systematically support pupils with their learning and social and emotional development. • Staff who have had training in neurodiversity and understand how to use strategies to support academically and socially **School Culture and Ethos** • Staff that are trained in trauma informed approaches and are skilled practitioners who adopt the theories of practice into all systems and structures at a whole school level • Staff who are trained to identify and support pupils with mental health issues • Behaviour systems that are restorative in nature and that support pupils in skills of regulation and in repairing relationships. • Staff that are trained in de-escalation strategies and positive handling techniques in order to respond appropriately and safely in emergency situations.	**The child or young person requires:** Interventions and programmes that are research based and focus on aspects such as: • Emotional literacy • Social understanding • Anxiety/anger CBT informed support with a trained practitioner Alternative curriculum education – e.g. outdoors, forest school, vocational Positive handling plans /support plan/ one page profiles

H **SP 2**	CYP's presenting behaviours cause a significant level of dysregulation of emotion that frequently impacts on the CYPs ability to engage with and access education and social situations. This occurs several times a week. These needs may present as externalising behaviour (for example behaviours that are disruptive or hyperactive) or internalising behaviours (withdrawal and emotional). CYP may externalise this dysregulation through, for example, disruption, disengagement or aggression that can make it difficult to be consistently taught in the standard school groupings. The CYP may internalise this dysregulation and become increasingly withdrawn, struggling to communicate for periods of time. There may be examples of self-harming actions. The CYP increasingly poses a level of risk to themselves and/or others and require higher levels of adult supervision to keep themselves and/or others safe.	**The child or young person requires:** • Increasing opportunities to access the safe, flexible and secure spaces mentioned above. These opportunities will be both planned and as the need arises with experienced and trained staff present • Sensory rooms or spaces managed by qualified staff. • High/individual levels of supervision during transitions and unstructured times • Learning environments and secure spaces that are staffed in higher ratios	**The child or young person requires:** **Curriculum Arrangements** • A curriculum that is planned to meet the needs and interests of the pupil. • Vocational and life skill opportunities • A curriculum that teaches social and emotional skills and strategies regularly • Access to therapeutic and/or nurture and/or outdoor programmes are built weekly into the programmes of study to support SEMH needs. **Teaching Approaches and Strategies** • Clear and predictable routines and structures to support feelings of safety (e.g. meet and greet with the same key adult) • Staff who are flexible and supportive in their approach to meet the differing and changing needs and levels of engagement pupils present with • Individually planned and relational behaviour management with regular individual support and monitoring. • Staff with higher levels of training and experience in trauma informed approaches, neurodiversity awareness and mental health first aid • Staff with higher levels of training in de-escalation and positive handling strategies • Multi-agency working as necessary to the CYP (e.g. CAMHS, Social Care, Youth Justice, etc)	Qualified therapists are available to deliver individual sessions to pupils. This may be talking therapies (e.g. counsellors), art or play therapy or CBT delivered by qualifies therapists. Access to specifically individualised programmes of nurture/mentoring at regular intervals during the day. Access to a multidisciplinary team which has the skills to provide the interventions or therapies as indicated by assessment. Parent support programmes that are linked with social skills and problem-solving skills programmes for young people and their families.
I **SP 3**	The CYP's presents with regular and significant level of dysregulation that frequently impacts on the CYPs ability to engage with and access education and social situations. This occurs daily. The CYP displays frequent, intense, and prolonged dysregulation which regularly effects the safety and health of themselves and others. They require consistent and continuous adult supervision. Requires intensive support to manage their emotional needs. There may be co-occurring Mental Health issues that require ongoing support from specialist staff.	**The child or young person requires:** • Sensory rooms and spaced that are planned for and regularly used by qualified staff as part of the individualised programme for the pupil. • Full supervision at every transition and unstructured time, by staff highly trained in restorative practice, physical intervention, first aid, de-escalation and these times are carefully planned, managed and risk assessed. • All areas the pupil has access to are secure and highly regulated for the safety of themselves and/or others • Rooms/spaces and furniture that have been risk assessed to keep themselves and others safe • Learning environments that are adapted to individual needs (e.g. highly distraction free or informal 'home like' environments	**The child or young person requires:** **Curriculum Arrangements** • A highly specialised and significantly adapted curriculum with a strong focus on social and emotional development, vocational skills and preparation for adulthood/developing independence • A bespoke and flexible curriculum that caters for their interests, individual needs and current capacity to engage in learning • For some pupils, access to alternative educational opportunities and provisions to support their educational interests and needs. **Teaching Approaches and Strategies** • Individually planned positive handling plans which may include close constant individual supervision, support for appropriate social engagement, support for planned transitions etc. This may, at times, require more than one adult	Qualified therapists (Talk therapies e.g. counsellor's educational psychologists, play therapists, SALT, occupational therapist etc.) that inform the educational and support programmes that are appropriate for the pupil Specialised programme of learning which are monitored weekly and involve the family/ carers and a range of professionals with clearly identified outcomes.

	Due to high communication and interaction needs, children and young people may present with a high SEMH need; behaviours exhibit as a result their Autism and/or communication and interaction needs.		• Staff trained to respond appropriately in emergency situations, including de-escalation and positive handling interventions.	

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Physical & Sensory

Band	Need/Observations	ENVIRONMENT	Curriculum Arrangements, Teaching approaches & strategies	Specific Programmes & activities
G **SP 1**	Has a sensory impairment which will require regular adult support and adaptations to ensure safety and access to the curriculum. **The child or young person:** • Has sensory and/or physical needs impacts on their cognition, behaviour for learning, social interaction, emotional wellbeing and independence skills frequently. • Is reliant on a member of staff to support moving, positioning & personal care i.e. physically assisting during these. • Requires support from one member of staff to transfer.	Able to access curriculum and buildings only with substantial adaptations of all learning materials requiring training to produce resources and additional support in practical subjects to enable safe participation. Environment allows for changes in position and comfort for learning Environment specifically tailored for CYP with vision or hearing needs.	Will require a modified curriculum in order to allow additional time on priority learning areas. Curriculum access is facilitated by a structured approach using visual systems, modification or reduction of language of instruction and information Is reliant on some adult support to prepare food, including cutting food up, and supervision within a small group when eating and/or drinking independently. CYP may use alternative and augmentative Communication aids	Requires school staff to access a daily therapy programme e.g. a change of position, use of a walking frame, other physio programme. school staff have specialist training to support medical needs on a daily basis Access to interventions within a small group or individually, such as the pat dog, horse-riding for the disabled, music for communication, aromatherapy, drawing and talking, music therapy
H **SP 2**	**The child or young person(s):** • Is totally reliant on one adult to support in moving, positioning and personal care including drinking and eating • requires support from more than one member of staff to transfer e.g. hoisting. • Has a severe sensory loss (vision or hearing) • Will need orientation skills and may need assessment for cane training and independent skills teaching • deafness will have a direct significant impact on their language, thinking and literacy development as well as their interaction and social development. • will be using hearing aids and/or cochlear implant/s and a Assistive listening Device (ALD) . • CYP has no independent seated stability. • Transfers are likely to require hoisting. • Have severe physical disability that create substantial communication difficulties requiring aid such as assistive curriculum devices. • medical needs are fluctuating and can lead to frequent emergency situations. • CYP is non-ambulant with a gastrostomy and are regularly fed in school. • once positioned/seated will have access learning and be able to take part in activities with some physical or verbal prompts and support.	**The child or young person** • Is able to access curriculum and buildings only with substantial adaptations of all learning materials requiring training to produce resources, ICT and additional support in practical subjects • Requires access to excellent acoustic listening conditions unless they cannot use audition • Requires a developmental curriculum and a carefully designed programme in order to be appropriately positioned.	**The child or young person requires:** • frequent adult support to access the curriculum with significant individual differentiation. • a CSW if the child is reliant on BSL for effective communication and learning. • support to manage equipment, produce adapted resources, mobility support, additional support for practical activities • specialist assistive technology such as CCTV, electronic magnifier, laptop with JAWS; text to speech, Brailler/braille display to access learning. • Direct teaching to learn touch typing using short cut keys. • orientation skills and may need assessment for cane training and independent skills teaching • pre and post tutoring due to pace of learning and to ensure they have the language to access their lessons. • Will require tactile mediums such as braille and may need to learn uncontracted/contracted braille alongside assistive technology • will require ongoing support to become an independent user of their equipment and to understand their hearing and listening needs and develop their deaf identity	**The child or young person:** • Require frequent adult support to access the curriculum. • Requires school staff to access therapy programmes or changes of positions e.g. several changes of position, more frequent physio, or occupational health programmes. • Is reliant on adult support to prepare food or drink e.g. thickener, pureed. Needs close supervision when eating and/or drinking independently. • Is reliant on adults having specialist training to support severe and/or multiple physical and/or medical needs e.g. suction, catheterisation

I **SP 3**	**The child or young person:** • Has a profound sensory impairment which will require intensive adult support and significant adaptations to ensure safety and access to the curriculum. The use of equipment to support their hearing may not be a possibility for them. • can only access information using braille/tactile methods which require specialist training to produce resources. • Will need to touch-type using shortcut keys. • may have Auditory Neuropathy or other complicating inner ear or auditory nerve pathology. • May use hearing aids or Hearing/Cochlear Implants/Radio Aids, • BSL is the first language • Has profound physical, long-term, and progressive, life limiting condition/needs. • has total and complex support needs for mobility, personal care, positioning, movement, hoisting and eating/drinking. • is not able to communicate needs and is wholly reliant on adult support for all intimate and self-care needs. • does not learn incidentally due to the complexity of their physical needs and requires an adult with them at all times to ensure that they engage in the lessons/activities. • may have life-threatening epilepsy that requires constant monitoring and immediate attention if in seizure. • Requires very frequent changes of position to transfer between different pieces of equipment for example, chair, standing frame, wedge etc. • may, for reasons of survival, need constant monitoring i.e. may have a level of seizures which requires constant monitoring. • is in the terminal phase of a progressive condition where they have become totally dependent and are losing basic sensory functions	**The child or young person:** • requires frequent 1:2 adult support to access the curriculum. Needs continuous adult support & significant adaptations to ensure safety and access to the curriculum. • will access buildings and move around the school only with regular and individual formal teaching of orientation and mobility for cane skills. • May require a guide dog. • Requires essential access to excellent acoustic listening conditions. • Is able to access curriculum only with assistive devices and requires substantial mediation and/or adaptations of materials	**The child or young person:** Full time personalised intervention and/or bespoke curriculum Life threatening medical need requiring constant support/therapy /supervision Enduring significant sensory, physical or medical issues that lead to risk of life, significant self-injurious behaviour or/and harm to others and requires ongoing support from *key specially trained* staff. Is totally reliant on more than one member of staff to support in moving, positioning and personal care i.e. physically assisting during these. Pupils may have multiple and severe medical needs with a risk to life e.g. unstable epilepsy and require constant 1:1 supervision. Requires support from more than one member of staff to transfer e.g. hoisting. • Is reliant on more than one adult to support for eating and drinking e.g. taking medication, gastrostomy, nasogastric, oral 1:1 feeding. • will use braille/tactile mediums to access learning and will need to learn uncontracted/contracted braille alongside assistive technology. • requires very close, constant individual support for care, health and safety needs which may require more than one adult. • require a demanding physical regime that is necessary in order to develop and maintain a body that is healthy and more likely to carry them into adulthood.	**The child or young person:** • will need to learn specialist Braille code for Maths, Science, Music and Languages, as well as the Literary Code. • may require hydrotherapy sessions where exercises are designed by physiotherapists • Requires intensive adult support to access multiple therapy programmes or changes of positions e.g. several changes of position, more frequent physio, or occupational health programmes. • Is likely to have input from vision or hearing specialist teachers, with additional input from a Habilitation Officer and Assistive Technology and Keyboard Skills Instructor. • will experience more than three highly technical transfers in a day each transfer taking two and sometimes three adults. • Requires an Intervenor (MSI) All teaching and support will involve the use of British Sign Language unless the CYP is following a specifically auditory/oral only programme of development. Health care needs require highly structured and complex medical interventions authorised by medical professionals, very likely to require fast staff response an administration of emergency rescue medication.