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| **Confidential**  **Education, Health, and Care Needs Assessment**  **Psychological Advice/Information** |

A copy of this advice is provided to Aziyah’s parents/carers prior to the completion of the process. This advice will be included as one of the appendices should a final Education, Health and Care Plan or Co-ordinated Plan be issued.

Please contact the Educational Psychologist (EP) if further clarification is required. An electronic copy of this advice will be kept by the Hertfordshire Educational Psychology Service and will be stored within the Local Authority’s electronic filing system.

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| **Child’s name:** | aziyah cole | **Date of Birth:** | 29-07-18 |
| **School/Setting:** | Oughton Primary and Nursery School  Mattocke Road Hitchin Hertfordshire SG5 2NZ | **Age:** | 6 Years 9 Months |
| **Address:** | 57 Redhill Road Hitchin SG5 2NP | **UPN:** | Y919202621009 |
| **Looked after by Local Authority** | No |
| **Name of EP providing this advice:** | | Dr Scott I-Patrick *CPsychol* | |

**PURPOSE OF THIS REPORT**

Following agreement to an Education, Health, and Care Needs Assessment (EHCNA), Educational Psychologist advice was requested to consider the outcomes and provision to meet Aziyah’s educational needs. It is important that the information in this advice is read alongside existing information provided by parent/carers, professionals, and information provided as part of the Local Multi Agency Group (LMAG).

**Sources of Information and Involvement**

This psychological advice draws on all documents submitted for Aziyah's Education, Health and Care Needs Assessment (EHCNA), as well as insights gathered during a Joint Assessment Meeting with school staff:

*Joint Assessment Meeting*

* Joint Assessment Meeting (15th May 2025) - held with Ms Claire Murray, SEN Support Teacher, Oughton Primary and Nursery School. Meeting purpose: to discuss preliminary observations after comprehensive review of all submitted information, share any additional developments since the assessment request, and confirm that observations and formulations of Aziyah's strengths and needs accurately reflect his current presentation. Mother (Ms Lindsay Dempster) was unable to attend).

*Parental Contributions*

* Request for an Education, Health and Care Needs Assessment Form (April 2025) – completed by Ms Lindsey Dempster (mother) and Mr Barry Cole (father). Outlines Aziyah’s developmental history, current needs, and the family’s aspirations for his future.
* My Story (April 2025) – written by Ms Dempster. Describes Aziyah’s developmental journey, communication challenges, emotional regulation, and the support he receives at home.

*School Documentation*

* Assess–Plan–Do–Review (APDR) Overview (started Autumn 2021, ongoing) – running record kept by Oughton Primary & Nursery School tracing progress from Nursery to Year 2 across speech, language, social interaction, self‑regulation and academics.
* SEND Support and Advisory Service (SAS) Report (30th September 2022) – by Ms Claire Murray, SEN Support Teacher. Summarises strengths and emerging needs; referral made for speech‑and‑language delay and social‑interaction difficulties.
* Email Review (24th January 2023) – Ms Ruth Rogers, SEND Team, to Ms Murray. Notes classroom observations, progress since the SAS report, and ongoing challenges with toileting, attention and fine‑motor skills.
* Summary Profile (15th June 2024) – compiled by Ms Murray & Ms Anna Barrowclough. Provides an overview of developmental progress at age 5 years 11 months, highlighting areas needing significant support.
* Strengths and Needs Profile (February 2025) – prepared by Oughton Primary staff. Details capabilities and support requirements across learning, communication and social‑emotional domains.
* This Is Me Profile (March 2025) – created with Aziyah’s input. Captures his preferences, communication needs and personal goals.
* One‑Page Profile – “The Gruffalo” theme (March 2025) – child‑friendly summary of what helps Aziyah learn and feel secure.
* Oughton Provision Map (March 2025) – shows current placement (Year 2), pupil‑premium status and targeted supports across the curriculum.
* Literacy Work Sample (13th March 2025) – “who‑doing‑what” sentences; demonstrates emergent writing with adult scaffolding.
* Mathematics Work Samples (13th March 2025) – Safari Addition and Numicon worksheets up to 10, completed with visual supports.
* School Provision Information (April 2025) – completed by Ms  Murray (SEN Support Teacher). Summarises current interventions, adaptations and academic progress.

*Professional and Health Assessments*

* Speech and Language Therapy Assessment Report (31st March 2024) – Ms Lauren Collins, SLT, Hertfordshire Community NHS Trust. Comprehensive assessment of receptive and expressive language, attention and social interaction.
* SEND SAS Speech, Language, Communication & Autism Team Consultation Summary (30th September 2024) – Ms Lucy Plunkett, Specialist Advisory Teacher. Classroom observations and staff discussions; charts progress in self‑regulation and independence, notes ongoing language‑processing and engagement needs.
* Community Paediatrician Assessment (22nd February 2025) – Dr S. Ozer, Consultant Community Paediatrician. Reviews developmental history and learning profile; identifies global learning difficulties with no confirmed neurodevelopmental disorder.
* Speech and Language Therapy Initial Assessment (February 2025) – NHS SLT assessment (referenced in EHC request), outlines communication profile and therapy recommendations.
* Speech and Language Therapy Targets (18th March 2025) – Ms Joanna Brown, Senior SLT, Magic Words Therapy. Sets specific goals in emotional regulation, functional communication and language development.

*Local Authority / Multi‑agency Records*

* SEND Implementation and Support Meeting Notes (17th March 2025) – Ms Carol Stevens, SEND Implementation & Support Officer. Agreed actions for in‑school support and guidance for parents.
* Notification of Request for an EHC Needs Assessment (April 2025) – issued by Ms Hannah Webb, EHCP Coordinator; confirms the statutory assessment has formally begun.
* DMO First‑Stage Letter (11th April 2025) – Community Paediatrics & SEN Team, East and North Hertfordshire Teaching NHS Trust. Acknowledges receipt of the EHCNA request and encloses clinic correspondence.

All observations and recommendations in this draft are grounded in the evidence provided by these sources, offering a transparent, chronological account of Aziyah’s developmental journey and support needs.

**Additional Background Information**

*Birth to Early Childhood (2018 – 2021)*

Aziyah was born at term (+2 days) after an uncomplicated pregnancy and delivery, and is generally fit and healthy with no chronic illnesses (Community Paediatrician Assessment, 22nd Feb 2025). Developmental milestones were delayed: head‑banging began at around 9 months and became a self‑soothing habit; crawling and walking were not achieved until about 2 years of age, and toilet‑training was also late (Speech & Language Therapy Assessment, 31st Mar 2024; Community Paediatrician Assessment, 22nd Feb 2025).

From age 2, his mother noticed he “was still immature and babyish… wasn’t talking much,” often carrying a dummy and blanket and speaking little (My Story, Apr 2025). Early speech sounded American‑accented, and frustration was common when he could not express himself (My Story, Apr 2025).

*Nursery Year (Sept 2021 – July 2022)*

Aziyah entered Oughton Nursery in September 2021 after sporadic attendance at a local pre‑school (APDR Overview, Autumn 2021). Initial Wellcomm screening (Oct 2021) placed him at Section 1 Green / Section 2 Amber, indicating significant communication delay. He preferred solitary play, needed extensive adult reassurance to separate from his mother, and became dysregulated by routine changes (APDR Overview, Autumn 2021).

By spring 2022 he could sometimes settle independently and follow simple routines, but attendance (79 %) limited consistent progress (APDR Overview, Spring 2022).

*Reception Year (Sept 2022 – July 2023)*

Transition to Reception proved “very unsettling,” with frequent distress on arrival despite extra transition visits (APDR Overview, Autumn 2022). A SEND Specialist Advice & Support (SAS) Report (30th Sep 2022) recorded:

* Strengths in number recognition and counting, interest in letters.
* Marked receptive‑ and expressive‑language delay; echolalic phrases with an American accent.
* Group work, sharing and turn‑taking were difficult; dysregulation if peers touched his toys.

In January 2023 **SEND Team** review notes confirmed some progress (“using more expressive language”) but continuing difficulties with instructions, toileting and fatigue after poor sleep (Email from Ruth Rogers, 24th Jan 2023). Recommendations included a sensory‑diet routine, shortened carpet time and “little and often” learning.

*Year 1 (Sept 2023 – July 2024)*

Behavioural challenges escalated - throwing, screaming, running off - and Aziyah continued to work at early‑EYFS levels (APDR Overview, Autumn 2023). A March 2024 Speech & Language Therapy Assessment gave age‑equivalent scores of 3 years 6 months for information and grammar on the Renfrew Action Picture Test (actual age 5 y 8 m). Strengths included understanding concrete language; weaknesses lay in inference, pronouns, tense and sentence structure.

Funding for full‑time 1‑to‑1 support (High Needs Funding) was secured in spring 2024. Therapists noted improved behaviour with consistent adult support, though he still avoided carpet time and large‑group activities (SALT Report, 31st Mar 2024).

*Year 2 (Sept 2024 – Present, May 2025)*

A SEND SAS Speech, Language, Communication & Autism Team Consultation Summary (30th Sep 2024) recorded encouraging steps: participation in P.E., ICT and Art with peers, dining‑hall lunches, and daily access to KS1 rather than EYFS. Nonetheless, abstract concepts, language processing and sustained engagement remained hard. Staff referred him for autism assessment at the Child Development Centre; he is still awaiting that appointment.

Health review by Dr S. Ozer (22nd Feb 2025) identified general learning difficulties but “no current evidence of an underlying neurodevelopmental disorder.” Discharge was advised unless attention concerns persist in two to three years.

School assessments (Mar 2025) show performance at pre‑KS1 levels across reading, writing, maths and science, two years below age expectations (School Assessments, Mar 2025). The Strengths & Needs Profile (Feb 2025) confirms Wellcomm Level 7 (36–48 months) for communication.

*Current Interventions and Support (2024 – 2025)*

* Daily provision: meet‑and‑greet, multisensory phonics, guided reading, targeted literacy and numeracy groups (ratio 1:3), individual workstation tasks, sensory and movement breaks (Provision Map, Mar 2025).
* Speech & Language: individual targets for emotional regulation, functional communication and visual supports (SALT Targets, 18th Mar 2025).
* SEND Implementation & Support Meeting (17th Mar 2025): actions include sensory checklist, growth‑mindset work, protective‑behaviour lessons and referral to Specialist Advisory Teacher.
* Home context: lives with parents and two sisters (15 y & 8 y). Family history includes mental‑health difficulties but no known learning‑difficulty or neurodevelopment disorders (SALT Assessment, 31st Mar 2024; Community Paediatrician Assessment, 22nd Feb 2025).

Mother reports persistent concerns: frustration, head‑banging at bedtime, safety awareness (“no fear - will run across roads”), sibling conflict and anger outbursts (My Story, Apr 2025). She requested EHCNA because “he’s struggling with schoolwork and not making enough progress” and “needs things done differently in school” (EHCNA Request Form, Apr 2025).

**In summary,** across early childhood to Year 2, Aziyah has shown a consistent pattern of global developmental delay, most marked in speech‑and‑language and self‑regulation. Targeted interventions - 1:1 support, structured sensory routines and specialist speech‑and‑language input - have yielded gradual gains, particularly in engagement with whole‑class activities. However, academic attainment remains well below age expectations, and key areas such as receptive‑and‑expressive language, emotional regulation and safety awareness continue to require intensive, coordinated support. Ongoing monitoring and multi‑agency collaboration will be essential as his assessment journey progresses.

**Child/Young Person’s and Parent Views**

Aziyah’s Interests and Self‑Views

* Play and favourite activities

According to his *This Is Me* profile (March 2025), Aziyah enjoys *“playing with Elijah and Teddy”* and riding his scooter. During a community‑paediatric appointment (Feb 2025) he said that his favourite thing to do is simply *play*, and he quickly settled with his iPad once he felt at ease. Speech‑and‑language reports describe how he likes Roblox, Hot Wheels cars, messy play such as slime or sand, and role‑play with his sister (31st Mar 2024). Nursery records add a love of water trays and mark‑making, while staff note his enthusiasm for counting games and number work (APDR, 2021‑24).

* Outdoor and sensory preferences

The *One‑Page Profile* (March 2025) lists *“playing outside with my friends”* and knowing what will happen next as things that make him happy. Staff observations echo this: he is most engaged in child‑chosen, sensory activities and benefits from “heavy work, hugs, head massage and a weighted blanket” to stay regulated (APDR, Spring 2023).

* Self‑confidence and frustrations

Aziyah proudly says he has *“done my work”* when he completes tasks and enjoys answering the teacher on the carpet (One‑Page Profile, March 2025). Football illustrates both pride and challenge: he told staff *“I’m good at football… I cried ‘cos it was too hard to score”* and then avoided the club because it felt overwhelming (This Is Me, March 2025).

* Voice and self‑advocacy

In Year 2 he was heard telling classmates *“I’d like you to stop making that noise”* when lining up, showing he can communicate sensory needs when supported (SEND SAS SLC&A Summary, 30th Sep 2024). Asked about the future, he replied that he *“wanted to be a dinosaur,”* a response his mother feels reflects imaginative play rather than a realistic goal (EHCNA Request, Apr 2025).

Parental Observations and Aspirations

* *Early concerns and current challenges*

Ms Dempster - mother, first noticed head‑banging at around two years and describes ongoing difficulties with speech, saying he talks in an American accent, struggles to find words and becomes angry when misunderstood (*My Story*, Apr 2025). She observes that he is shy with unfamiliar people, prefers solitary play, and can be impulsive around roads or running water. Sleep disruption and fussy eating have been longstanding issues, though recent reports note some improvement in afternoon engagement as sleep has stabilised (APDR, Spring 2024).

* *Strengths they see*

Parents highlight his physical energy, love of outdoor play and technology, and growing ability to join small‑group activities with adult support (Community Paediatrician Assessment, Feb 2025).

* *Hopes for the future*

In their EHCNA request (Apr 2025) they write: *“I want him to be happy, have loads of friends, be independent and be able to read and write – to get a job, etc.”* They believe he *“needs things done differently in school and extra help”* because current progress is limited.

* *How to help him communicate*

Mrs Dempster advises that instructions need to be broken down step‑by‑step, delivered by familiar adults and linked to concrete experiences rather than abstract ideas (EHCNA Request, Apr 2025).

By weaving together Aziyah’s own words, classroom observations and his parents’ insights, these views present a fuller picture of what motivates him, what worries him and what the family hopes he will achieve with the right support.

**PSYCHOLOGICAL ASSESSMENT OF STRENGTHS AND NEEDS**

**Communication and Interaction**

Strengths

* Growing expressive language: Aziyah is “using more words and longer phrases” and can create a simple sentence from picture symbols (Strengths & Needs Profile, Feb 2025).
* Engagement in structured settings: He “sits on the carpet and answers the teacher” and presents a “lovely smile,” showing willingness to participate when routines are clear (One‑Page Profile, Mar 2025).
* Early literacy foundations: He recognises all Phase 2 graphemes and is beginning “super‑supported blending” to read simple CVC words (School Provision Information, Apr 2025).
* Concrete understanding: In therapy sessions he showed accurate comprehension of colours, size and positional words and could comment on actions during play (Speech & Language Therapy Assessment, 31st Mar 2024).
* Eye contact and joint attention: During formal assessment he maintained appropriate eye contact and completed adult‑led tasks willingly (Speech & Language Therapy Assessment, 31st Mar 2024).
* Emerging social‑communication skills: Recent classroom observations recorded spontaneous greetings, partings, and polite self‑advocacy – “I’d like you to stop making that noise” – as well as independent requests to use the toilet (SEND SAS SLC&A Summary, 30th Sep 2024).
* Motivation to interact with adults: He “particularly enjoys adult attention” and accepts help, indicating a positive foundation for scaffolded communication (SEND SAS Report, 30th Sep 2022).

Needs and Impact

* Significant developmental delay: Language levels are 36-48 months on Wellcomm screening (Strengths & Needs Profile, Feb 2025) and 3 years 6 months on Renfrew expressive measures (SALT Assessment, 31st Mar 2024), well below his chronological age (6 y).
* Receptive language difficulties: Struggles with time concepts (“first/next/last”), conditional language, dual instructions and abstract wording; literal interpretation causes confusion in lessons (SALT Assessment, 31st Mar 2024; SEND SAS SLC&A Summary, 30th Sep 2024).
* Expressive language challenges: Word‑finding difficulties, limited grammar, and echolalic phrasing with an American accent reduce clarity and spontaneity (SALT Assessment, 31st Mar 2024; My Story, Apr 2025).
* Processing speed and overload: Fast speech from others is “so hard to talk” and can lead to withdrawal - head down, no eye contact (This Is Me, Mar 2025). Complex instructions frequently trigger task refusal or dysregulation (APDR, 2021‑25).
* Reliance on familiar adults and concrete topics: He is “more confident if he knows what he’s talking about… not just an idea” and needs simplified, step‑by‑step language from known staff (EHCNA Request, Apr 2025).
* Social impact: Mis‑understandings (e.g., confusion between “2p’s” and “peas”) and difficulty staying on topic limit peer conversations, leading to solitary play and frustration (SEND SAS SLC&A Summary, 30th Sep 2024; APDR, Autumn 2021).
* Behavioural repercussions: Inability to express needs can escalate to shouting, screaming or withdrawal; communication breakdowns contribute to anxiety at transitions and reduced classroom engagement (My Story, Apr 2025; APDR, Spring 2025).

*Implications for Support*

Aziyah benefits from highly structured, visually supported communication, slow pace, concrete language and consistent adult mediation. Persistent receptive‑and‑expressive delays, combined with literal understanding and processing vulnerabilities, currently limit his access to the curriculum and to peer relationships without targeted, ongoing speech‑and‑language and classroom adaptations.

**Cognition and Learning**

Strengths

* Early numeracy skills: Aziyah can count to 20 and order numerals to 10, using concrete objects to support understanding (Strengths & Needs Profile, Feb 2025). He shows pleasure in counting games and routinely recognises and records numbers in structured maths tasks (SEND SAS SLC&A Summary, 30th Sep 2024).
* Interest‑led attention: When an activity matches his interests - Hot Wheels cars, iPad games or number work - he can focus for sustained periods and persevere to complete a task (SEND SAS Report, 30th Sep 2022; Speech‑and‑Language Assessment, 31st Mar 2024).
* Emerging phonics and pre‑reading: He recognises all Phase 2 graphemes/phonemes and is beginning “super‑supported blending” of CVC words (School Provision Information, Apr 2025).
* Concrete, multisensory learning: Hands‑on tasks, visual coding and practical resources help him engage; work samples show accurate simple addition with Numicon and emergent sentence copying when adults scaffold the activity (Work Samples, 13th Mar 2025; APDR, Y1 Spring 2024).
* Motivation from success: Aziyah reports feeling “proud when I have done my work” and loves learning new games, indicating intrinsic motivation when tasks are accessible (One‑Page Profile, Mar 2025).
* Capacity for visual routines: Visual task planners are recommended to build independence, reflecting his ability to follow pictorial sequences (SALT Targets, 18th Mar 2025).

Needs and Impact

* Global learning delay: School assessment places him at pre‑KS1 Level 2 across reading, writing, maths and science despite intensive 1:1 support (School Data, Apr 2025). The paediatrician confirms he is “two years behind his peers in all curriculum areas” (Community Paediatrician Assessment, 22nd Feb 2025).
* Limited curriculum access: He “cannot access the Year 2 curriculum” and struggles with Blanks Levels 3‑4 questions, hindering comprehension of classroom language (Strengths & Needs Profile, Feb 2025).
* Abstract‑concept difficulty: Tasks involving inference, symbolic representation or non‑concrete language cause confusion - e.g., misinterpreting money worksheets or literal responses to questions (SEND SAS SLC&A Summary, 30th Sep 2024). This restricts progress in subjects that rely on abstract thinking.
* Working‑memory and retention issues: He needs “lots of repetition of a task to do it independently” and does not generalise new learning without direct adult prompting (APDR, Y2 Autumn 2024).
* Attention and task completion: Carpet sessions and independent work are challenging; focus wanes after short periods, leading to distraction or task refusal (Community Paediatrician Assessment, 22nd Feb 2025; APDR, Y1 Spring 2024).
* Fine‑motor and writing barriers: He struggles to apply appropriate pressure when writing and is not yet able to write unaided, affecting recording of ideas (APDR, Y1 Spring 2024).
* Delayed phonics blending: Although Phase 2 sounds are recognised, independent blending is not yet secure, limiting early reading fluency (APDR, Y2 Autumn 2024).
* Learner mindset: Aziyah finds lengthy or unfamiliar work “hard to sit still” for and reports reading beyond a single page as “too long… so hard to read” (This Is Me, Mar 2025). Without careful chunking, tasks feel overwhelming and motivation dips.

*Implications for Support*

Aziyah benefits from highly concrete, multisensory teaching, visual sequences and frequent repetition to embed new skills. Persistent global delays, weakness with abstraction and limited working memory mean curriculum content must be significantly adapted and broken into small, achievable steps, with ongoing 1:1 or very small‑group support. Regular celebration of success and linking tasks to his interests (numbers, technology, outdoor play) can harness his motivation and promote incremental gains in learning.

**Social, Emotional and Mental Health**

Strengths

* Capacity for friendship and kindness: Staff observe that Aziyah “can show friendship and kindness to his peers” (Strengths & Needs Profile, Feb 2025) and enjoys “playing outside with my friends” (One‑Page Profile, Mar 2025).
* Positive engagement in structured play: In therapy he maintained eye‑contact, joined adult‑led activities and demonstrated imaginative role‑play such as “cracking an egg” for a teddy (Speech & Language Therapy Assessment, 31st Mar 2024).
* Enjoyment of cooperative play: He likes to role‑play with siblings and happily engages in messy sensory activities like slime or sand (Community Paediatrician Assessment, 22nd Feb 2025; SALT Assessment, 31st Mar 2024).
* Emerging self‑advocacy and regulation cues: He knows that “knowing what is going to happen next” helps him feel calm (One‑Page Profile, Mar 2025) and has politely told classmates “I’d like you to stop making that noise” when overstimulated (SEND SAS SLC&A Summary, 30th Sep 2024).
* Responsiveness to praise and distraction: When upset he can sometimes be redirected and “responds well to praise and encouragement” (SEND SAS Report, 30 Sep 2022).
* Improved regulation with visual supports: Staff report “greater regulation this year” when visuals such as Now/Next boards are used (SEND SAS SLC&A Summary, 30th Sep 2024).

Needs and Impact

* Recent classroom dysregulation: During a classroom observation (13th May 2025), when Aziyah feels he cannot complete a task, he puts his head down, gets upset, and "thrashes about" until adult intervention occurs (JAM 15/05/25). This pattern demonstrates the interconnected nature of his academic challenges and emotional regulation difficulties.
* Significant emotional‑regulation difficulty: If tasks feel “too difficult” he quickly dysregulates, ripping work, shutting down or becoming aggressive (Strengths & Needs Profile, Feb 2025). At home, anger can escalate to throwing and screaming when arguing with his sister (My Story, Apr 2025).
* Withdrawal or shutdown when overwhelmed: In busy situations he may put his head down and avoid eye contact or speech (This Is Me, Mar 2025).
* Safety awareness concerns: Mother reports “he has no fear - he will run across roads,” indicating impaired risk perception (My Story, Apr 2025).
* Limited peer group and social anxiety: He is shy with unfamiliar people and “much happier to play by himself;” friendships are limited to a small support group (My Story, Apr 2025).
* Challenges interpreting social cues: Still learning what is “right and wrong” and needs adult mediation to understand social situations (SEND SAS Report, 30th Sep 2022). Literal thinking causes misread cues, leading to frustration or withdrawal (SEND SAS SLC&A Summary, 30th Sep 2024).
* Behaviour triggered by unmet needs: Dysregulation spikes when transitions are sudden, peers encroach on personal space, or he lacks visual schedules; behaviours include shouting, kicking, throwing and swearing (APDR, 2021‑25).
* Fatigue and physiological factors: Poor sleep leaves him “quite tired by the afternoon,” worsening behaviour and concentration (Email from Ruth Rogers, 24th Jan 2023).
* Ongoing need for explicit emotional education: SALT targets set whole‑class regulation check‑ins and social stories to reduce misunderstandings that can lead to aggression (SALT Targets, 18th Mar 2025).

*Implications for Support*

Aziyah benefits from predictable routines, visual schedules and explicit teaching of emotions and social expectations. Proactive sensory‑regulation strategies (weighted items, movement breaks), clear safety coaching and consistent positive reinforcement are essential to help him stay calm, participate with peers and build resilience in both home and school contexts.

**Sensory and / or Physical Needs**

Strengths

* Gross motor confidence: Aziyah enjoys scooters, outdoor play and football practice, indicating good balance and core strength (One‑Page Profile, Mar 2025; Community Paediatrician Assessment, 22nd Feb 2025). Staff describe him as “physically active” and moving confidently around the classroom and playground (SEND SAS Report, 30th Sep 2022).
* Positive response to movement breaks: Scheduled movement, throwing‑and‑catching games and water play help him stay engaged and regulated (School Provision Information, Apr 2025; SALT Targets, 18th Mar 2025).
* Sensory tools that work: Heavy work, hugs, head massage and a weighted blanket have reduced dysregulation episodes (APDR, Spring 2023). He can choose an activity from his sensory choice board and return to learning in the “green zone” (Provision Map, Mar 2025).
* Developing self‑help skills: With initial prompts he can use the toilet, peel his own orange and tidy away snack items, showing improving motor coordination and independence (SEND SAS SLC&A Summary, 30th Sep 2024).

Needs and Impact

* Sensory seeking / self‑stimulation: From infancy he has head‑banged to self‑soothe; rocking, fidgeting, vigorous scratching and hand‑flapping remain frequent (Speech & Language Assessment, 31st Mar 2024; Strengths & Needs Profile, Feb 2025; SEND SAS SLC&A Summary, 30th Sep 2024). These behaviours limit sustained attention during whole‑class input.
* Over‑activity and fatigue: Constant movement helps him regulate but also leads to tiredness; staff note he has fallen asleep in the Regulation Station on consecutive days (SEND SAS SLC&A Summary, 30th Sep 2024).
* Sensory overload and dysregulation: Noise, visual clutter or sudden routine changes can trigger shouting, throwing or running off (APDR, 2021‑25). By afternoons he needs reduced demands, free‑choice tasks and extra regulation breaks (School Provision Information, Apr 2025).
* Fine‑motor and oral‑motor challenges: He holds a pencil with a palmar grasp, applies insufficient pressure and is reluctant to mark‑make; mealtimes require adult support due to limited diet and drooling concerns (SEND SAS Report, 30th Sep 2022; EHCNA Request, Apr 2025).
* Toileting and safety: Toilet training is still developing and accidents occur; he shows limited danger awareness - “will run into a road” or leave taps running - posing safety risks (Email from Ruth Rogers, 24th Jan 2023; My Story, Apr 2025).
* Sleep and regulation: Ongoing sleep difficulties affect alertness and behaviour the next day (Email from Ruth Rogers, 24th Jan 2023; This Is Me, Mar 2025).

*Implications for Support*

Aziyah needs an individually designed sensory diet embedded across the day: frequent movement breaks, heavy‑work activities, water and messy play, and access to fidget / wobble equipment. Visual schedules and clear “Now/Next” boards reduce anxiety at transitions. Systematic fine‑motor programmes, positive toileting routines and explicit safety coaching are essential to build independence. Close monitoring of sleep patterns and collaboration with health professionals around diet, oral‑motor and toileting will further promote regulation and maximise his readiness to learn.

**PSYCHOLOGICAL SUMMARY**

Developmental Context

Aziyah Cole is a 6-year-old boy (Year 2) who has shown atypical development from infancy. According to his parents, he was slower than his siblings to reach early milestones – for example, he did not walk until around 2 years old and potty training was delayed (Parental EHCNA Contribution, April 2025). His mother recalls noticing unusual behaviours such as head-banging from toddlerhood, alongside limited speech development in his early years. When Aziyah started at Oughton Primary and Nursery School’s nursery class in September 2021, staff immediately noted significant speech and language delays and difficulties with social interaction. Early referrals were made to the Speech and Language Therapy service (SALT) and the Child Development Centre (CDC), reflecting a prompt recognition of his developmental needs (SEND SAS Report, Sept 2022).

By early 2023, some progress was observed – an email review (January 2023) noted that while Aziyah was “starting to make progress,” there were still multiple areas of ongoing concern. Importantly, these concerns have been consistent across home and educational settings. The community paediatrician’s assessment (Feb 2025) confirmed the early delays in motor and language milestones and noted that Aziyah’s overall development has remained approximately two years behind his chronological age. As of late 2024, he has been referred for an autism assessment at the CDC, underlining the persistent nature of his difficulties across his developmental trajectory.

Current Profile

In his current Year 2 placement at Oughton Primary, Aziyah presents a mixed profile of strengths and needs. Academically, he is working well below age-related expectations – roughly at an early Key Stage 1 or Reception level across core areas. Recent school assessments (Spring 2025) and the community paediatrician’s report indicate that he functions about two years behind his peers in the curriculum. His speech and language remain significantly delayed: a formal SALT assessment (March 2024) found his language skills to be around the 3½-year level when he was nearly 6. This manifests in practice as difficulty understanding complex instructions and expressing himself. He often uses memorised phrases (sometimes spoken in an “American accent” picked up from videos) and struggles to find his own words, leading to frustration.

Socially, he is friendly but very shy with people he doesn’t know, and he tends to play alongside or by himself rather than in fully interactive play. He has a small familiar peer group and is “much happier to play by himself” or with one or two known classmates (My Story, April 2025). Both at home and at school he prefers routine and predictability; sudden changes or unfamiliar situations can cause him anxiety or confusion.

Despite these challenges, Aziyah has clear strengths and positive qualities. He is affectionate with family and often demonstrates kindness to classmates in his supported interaction group (Strengths & Needs Profile, Feb 2025). He makes good eye contact and engages in pretend play, indicating imaginative capacity. He also shows a strong interest in concrete, visual learning activities – for instance, he enjoys number games and can count to 20 with help, and he recognises letters of the alphabet. With consistent one-to-one support in class (High Needs funding in place from Spring 2024), his engagement and behaviour have improved; he now participates more in whole-class sessions and even eats lunch in the dining hall with his peers – a notable step forward (Consultation Summary, Sept 2024). In addition, he responds well to visual schedules and step-by-step instructions, which help him understand what is expected and reduce his anxiety.

At the same time, Aziyah continues to need high levels of support throughout the day. He has trouble sustaining attention, especially for abstract or lengthy tasks, and often needs tasks broken down into small steps. When faced with work that he finds too difficult or confusing, he may either shut down – for example, putting his head down and refusing to engage – or become upset and dysregulated. His teachers and parents note that when he becomes frustrated or overwhelmed, he can have emotional outbursts (such as ripping up work or screaming) or exhibit increased sensory-seeking behaviours. He is a very active child who frequently fidgets and rocks in his chair, and he sometimes seeks sensory stimulation (for instance, immersing his hands in water play or shaking his arms when excited or stressed). These behaviours tend to intensify later in the day when he is more fatigued, and he requires more support to stay regulated as the afternoon progresses. Overall, Aziyah’s current functioning at both home and school shows a consistent pattern: he thrives on structure, familiarity, and concrete activities, and he struggles most with communication, social flexibility, and self-regulation.

EP Insights and Formulation

Viewed through an educational psychology lens, Aziyah’s profile reflects a complex neurodevelopmental picture. He has developmental delays affecting cognition, language, social interaction, and emotional regulation. This pervasive pattern suggests that his difficulties are not isolated learning issues but rather part of a broader developmental difference. In fact, many of his characteristics are consistent with an autism spectrum profile (e.g. need for routine, literal understanding of language, echolalic speech, sensory behaviours), which is in line with the ongoing assessment by the CDC. It is also notable that his attention and activity levels, as well as his need for constant adult support to remain on task, resemble characteristics seen in attention-related developmental conditions. However, regardless of specific diagnoses, the key point is that Aziyah’s brain processes information and experiences differently from typical children his age, which impacts his ability to meet ordinary classroom demands without tailored support.

One useful framework for understanding Aziyah’s situation is the capacity-demand mismatch model. In essence, there is a mismatch between what the environment (the classroom, social situations, daily routines) is expecting of him and his current developmental capacities. For example, the Year 2 curriculum and fast-paced classroom language place demands on attention, language processing, and social understanding that exceed Aziyah’s level of development in those areas. This often leads to him becoming overwhelmed or disengaged. Notably, when those demands are adjusted to his level – as seen during one-to-one support sessions or when visual supports and simplified language are used – he can participate much more successfully. This indicates that his difficulties are not due to a lack of ability or effort, but rather the gap between his capacity and the demands placed on him. By reducing that gap through appropriate support and adaptations, improved outcomes have been observed, confirming the capacity-demand mismatch as a core issue.

Another important consideration is how sensory processing and emotional regulation affect Aziyah’s engagement. Through the lens of sensory integration theory, some of his behaviours (like rocking, hand-flapping, or head-banging) can be seen as his way of coping with a sensory environment that he finds challenging. His nervous system appears to process sensory input differently, meaning he can quickly become either over-stimulated or under-stimulated in a typical classroom setting. For instance, he might rock or fidget to provide himself with calming movement, or he might become engrossed in water play to satisfy a sensory craving. These self-regulatory actions are attempts to manage his arousal levels. However, without guidance, they can also take him away from learning activities.

Additionally, when he does get upset – as his mother describes, “when Aziyah gets angry, it takes him a long time to settle” (SALT Assessment, March 2024) – it shows that he struggles to regain control once his emotions escalate. This difficulty with self-regulation is a common thread through many of his challenges. His frustration with communication can trigger emotional meltdowns, and sensory overload can likewise lead to withdrawal or outbursts. All these elements are interconnected: for example, a confusing verbal instruction (language demand) in a noisy classroom (sensory demand) can quickly exceed his capacity, resulting in a loss of focus or a behavioural reaction.

Importantly, the evidence from home and school consistently points to the same underlying needs. The fact that Aziyah’s behaviours and challenges are observed across different settings and over time – from nursery through to Year 2 – indicates that these are enduring aspects of his development rather than situational problems. This assessment has been validated through direct collaboration with school staff. The Joint Assessment Meeting (15/05/25) confirmed that the preliminary observations accurately captured Aziyah's presentation, with Ms Murray noting that social, emotional and mental health needs "underpin a lot of things." School staff reported that the formulation of interconnected needs (language, anxiety, attention, interpersonal communication) reflects their classroom observations, providing confidence in the assessment's accuracy and comprehensiveness.

This holistic formulation underscores that Aziyah requires a comprehensive support approach that addresses communication, cognitive learning, sensory processing, and emotional well-being together. It is encouraging that there are also areas where he responds positively (such as visual learning and routine), because these will be key in helping him progress.

Multi-Agency Considerations

It is noteworthy that a recent CDC clinic assessment concluded there was "no evidence of neurodiversity," which according to Ms Murray was surprising given staff and parents observations of Aziyah's presentation (JAM 15/05/25). The school has appropriately challenged this assessment, and the clinic has reportedly agreed to reassess based on more current information. This psychological advice can be used to support the school's request for reassessment, as the comprehensive evidence presented here clearly demonstrates a pattern of developmental differences requiring specialised support, regardless of specific diagnostic labels.

Link to Outcomes

This psychological summary directly informs the outcomes and support that should be included in Aziyah’s Education, Health and Care Plan (EHCP).

First, it is crucial to address Aziyah’s sensory and emotional regulation needs as a foundation for all other learning. Helping him achieve a calmer, more regulated state will enable him to participate and learn more effectively. This means that one outcome should focus on improving his self-regulation – for example, being able to use coping strategies (like sensory breaks, movement activities or a quiet corner) when he starts to feel overwhelmed. To support this, provisions such as regular sensory breaks, access to sensory tools (e.g. fiddle toys or a weighted cushion), and a predictable daily routine will be important. Both home and school can work together on consistent strategies so that he experiences continuity in how he is supported to stay calm and focused.

Second, developing Aziyah’s communication skills remains a high priority outcome. His ability to express himself and understand others underpins both his learning and social development. Targets in this area might include expanding his vocabulary and sentence use for everyday needs, and improving his understanding of instructions and questions. Ongoing Speech and Language support is recommended to work on these goals, and the school should continue to use visual supports and simplified language in the classroom. Improving his communication will also help reduce his frustration, which in turn is likely to improve his behaviour and confidence.

Third, to help bridge the capacity-demand mismatch in learning, the plan should include outcomes and provisions around accessible teaching and curriculum adaptation. For instance, an outcome could be that *Aziyah will engage with learning tasks when they are appropriately differentiated to his level*, demonstrating progress in literacy and numeracy from his starting point. Achieving this will require structured teaching approaches: use of visual timetables and cues, breaking tasks into small steps, concrete materials (like counters or picture cards) for abstract concepts, and one-to-one adult support to keep him on track. With such support in place, Aziyah can show his strengths (as he already does with counting and other concrete tasks) and make steady gains in his academic skills.

Fourth, social development should be a focus so that Aziyah can build on his capacity for friendship and interaction. A suitable outcome might be that *with support, Aziyah will participate in simple shared activities with one or two peers, improving his turn-taking and play skills*. To work toward this, he will benefit from interventions like a structured social skills group or guided play sessions. Strategies such as social stories (which can teach him what to do in common social situations) and adult-facilitated play opportunities at school can gently expand his social understanding. It’s important these are done in a sensitive way that takes into account his communication needs and his anxiety with new people.

Finally, given the breadth and complexity of Aziyah’s needs, a coordinated multi-professional approach is essential. Consistency across home and school, and across the various professionals supporting him will give him the best chance to thrive. The outcomes and strategies described should be aligned in all settings so that Aziyah experiences a stable, understanding environment. An EHCP will be the vehicle to ensure this coordination and to secure the necessary resources.

In summary, the formulation of Aziyah’s strengths and needs supports a plan where his communication, learning, sensory, and social development are all addressed in unison. By building on what he can do and providing targeted support where he struggles, the aim is for Aziyah to make meaningful progress in school and achieve the best possible outcomes for his development.

**SUGGESTED LONG TERM AND SHORT-TERM OUTCOMES FOR CONSIDERATION**

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| **Communication and Interaction**  Long‑Term Outcome  Over the next key‑stage period (three years), Aziyah will understand and use age‑appropriate language to take an active part in classroom learning and everyday social situations, showing flexible turn‑taking, clear self‑advocacy and reduced frustration when communicating.  Short‑Term Outcomes (within 12 months)   | **No.** | **Outcome (measurable target)** | | --- | --- | | 1 | Initiation & Response – In daily group activities, Aziyah will initiate or respond to a peer or adult at least twice per session, using either a short spoken phrase or agreed visual signal, on 4 out of 5 school days. | | 2 | Following Instructions – When given a two‑step instruction supported by pictures or gestures, he will complete both steps independently in 3 of 4 opportunities observed each week. | | 3 | Self‑Advocacy – Using his personalised “I need…” card, Aziyah will indicate help, a break or clarification in the moment in 80 % of observed occasions when he shows signs of overload (e.g. head‑down, withdrawal). | | 4 | Structured Practice – During weekly small‑group sessions, he will role‑play a social scenario (e.g. sharing equipment) and verbally label the key feelings or actions with 70 % accuracy, as judged by a simple checklist. |   *(Progress recorded through tick‑sheets or brief notes; SENCo reviews half‑termly.)* |
| **Recommendations:**  Ordinary Available Provisions – In‑Class Support   | **Strategy** | **Implementation** | **Delivery** | **Monitoring** | | --- | --- | --- | --- | | Visual Language Scaffold (SPELL – Structure & Low Arousal) | Provide a Now/Next board and visual cue cards (first/next, who/what/where) on every table and carpet space. | Class teacher models; TA prompts usage during tasks. | Weekly tally of independent use; note any confusion. | | Structured Peer Talk (Circle of Friends approach) | Allocate a “talk‑partner” role with sentence starters (e.g. \*“I think…” \*“Your turn…”). Roles rotate daily to build familiarity. | Teacher introduces; TA circulates, offering gentle prompts. | Quick checklist: Did Aziyah initiate/ respond? |   Additional Targeted Interventions   | **Strategy** | **Implementation** | **Delivery** | **Monitoring** | | --- | --- | --- | --- | | Small‑Group Communication Sessions (Intensive Interaction & Video‑Modelling) | Twice weekly × 20 min, focus on turn‑taking games, expressive vocabulary and body‑language cues, using short video clips of positive examples. | Trained TA leads with planning time from SEND budget; teacher reviews session goals. | Simple observation log; monthly SENCo/teacher review. | | One‑to‑One Language Coaching (Executive Function 101 – working memory) | Weekly 15‑min “language rehearsal” where Aziyah practises converting a picture sequence into two‑step spoken sentences, then follows them. | Same TA delivers, using class story or maths task as material. | Reflection sheet noting success & next cue. |   *Reinforcement & Reflective Practices*   * Immediate praise (“I like how you used your ‘I need’ card – that helped us understand you”) reinforces desired communication. * Twice‑weekly “two stars and a wish” chats help Aziyah notice successes and set tiny next steps. * Timetable all sessions at the same part of the day to reduce anxiety and support memory for routines.   *Neuro‑Affirming Considerations*   * Use literal, positive language (avoid idioms) and celebrate his natural communication style. * Involve Aziyah in choosing visuals (preferred symbols or photos). * Offer low‑arousal spaces for breaks; avoid rushing him to respond. * Check acoustics and pace of speech – slower delivery supports his processing speed.   Needs (receptive & expressive delay, processing overload, limited peer interaction) → Outcomes (initiate/respond, follow instructions, self‑advocate, practise skills) → Provisions (visual scaffolds, peer talk, small‑group and 1‑to‑1 coaching) all align to give clear, measurable progress within the school’s ordinary and targeted support. |

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| **Cognition and Learning**  Long‑Term Outcome  Over the next key‑stage period (three years), Aziyah will engage with a highly‑adapted Key‑Stage 1 curriculum, showing measurable progress in literacy and numeracy from his current pre‑KS1 starting points, and using growing independence strategies (visual task planners, self‑checking) to complete short learning activities with reduced adult prompting.  Short‑Term Outcomes (within 12 months)   | **No.** | **Outcome (measurable target)** | | --- | --- | | **1** | Early Reading – In daily phonics sessions, Aziyah will blend and read 15 Phase 2/3 CVC words (e.g. *cat, ship, thin*) with picture support, achieving 90 % accuracy on two consecutive weekly checks. | | **2** | Numeracy with Concrete Aids – Using Numicon or counters, he will solve single‑step addition or subtraction within 10 across three classroom activities each week, independently selecting the concrete aid on 4 of 5 weeks per half‑term. | | **3** | Working‑Memory Support – After a two‑step practical instruction paired with pictures, he will recall and carry out both steps correctly in 3 of 4 opportunities observed weekly. | | **4** | Task Completion & Independence – With his 3‑box visual task planner (Do → Check → Finish) he will complete a 10‑minute independent workstation task and self‑tick each box in 80 % of trials over a fortnight. |   *(Progress noted on simple tick‑sheets; SENCo reviews half‑termly.)* |
| **Recommendations:**  Ordinary Available Provisions – In‑Class Support   | **Strategy** | **Implementation** | **Delivery** | **Monitoring** | | --- | --- | --- | --- | | Concrete‑Multisensory Teaching (Learning Hierarchy of Skills) | Every new maths or literacy concept taught first with real objects / pictures, then rehearsed verbally and in writing. | Class teacher leads; TA ensures concrete aids are ready. | “Concrete → picture → symbol” checklist each lesson. | | Visual Task Planners (Executive Function 101) | Place a 3‑step “Do‑Check‑Finish” strip on his workstation; photos show each stage. | Teacher models, TA prompts fading over time. | Weekly tally of independent use. | | Chunked Instructions & Retrieval (Positive Timetable Recording) | All whole‑class tasks broken into single clear steps displayed on the board; brief “recap questions” at lesson start. | Teacher delivers; whole class benefits. | Retrieval grid shows correct responses. |   Additional Targeted Interventions   | **Strategy** | **Implementation** | **Delivery** | **Monitoring** | | --- | --- | --- | --- | | Precision‑Teaching Phonics | 5‑min daily 1:1 flashcard practice of target CVC words; data graphed to show fluency. | Trained TA during morning settle. | Weekly fluency graph; SENCo check. | | Numicon Maths Club | 3 × 15 min weekly small‑group games (≤ 1:3) to rehearse number bonds within 10 using Numicon and dice. | TA leads with teacher‑set plan. | Simple score‑sheet for mastery. | | Working‑Memory Games Group | Weekly 20‑min session with memory‑boost games (e.g. “Copy My Build”, picture‑pair retrieval) linking to class topics. | TA or learning mentor. | Observation log on recall strategies used. | | Pre‑Teaching Vocabulary | 10‑min pre‑lesson huddle four times a week to introduce key words & objects for the next day. | Class teacher or TA. | Quick checklist: word recognised in lesson? |   *Reinforcement & Reflective Practices*   * Specific praise (“Great choice using your Do‑Check‑Finish strip”) reinforces independence. * Mini‑reviews (“two stars and a wish”) at the end of workstation time build metacognition. * Positive‑timed breaks (movement, water tray) follow successful task completion, supporting motivation and regulation.   *Neuro‑Affirming Considerations*   * Embed interests (Hot Wheels, number games, iPad coding apps) to spark engagement. * Keep language literal, concrete and paced slowly; avoid idioms or rapid questioning. * Celebrate small steps; display a growth‑path visual showing how effort builds skill over time. * Offer choice of recording methods (drawing, photos, typing) to bypass fine‑motor fatigue.   Needs (global delay, working‑memory limits, abstract‑concept difficulty, attention fade) → Short‑Term Outcomes (phonics blending, concrete maths, follow two‑step instructions, use planner) → Provisions (multisensory teaching, visual planners, precision‑teaching, Numicon, pre‑teaching) create a clear, measurable pathway towards the long‑term goal of meaningful curriculum access and independence. |

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| **Social, Emotional, and Mental Health**  Long‑Term Outcome  Over the next key‑stage period (three years), Aziyah will develop reliable self‑regulation strategies so that he can:   * recognise his rising emotions, * select an agreed calming action, and * re‑join learning or play safely within 10 minutes on **4 out of 5 occasions**.   This will enable him to stay engaged with peers, follow classroom routines and move about school safely.  Short‑Term Outcomes (within 12 months)   | **No.** | **Outcome (measurable target)** | | --- | --- | | **1** | Emotion Check‑In – At three set points each day (arrival, lunch, home time) Aziyah will place his name/photo on the Zones of Regulation board, naming the colour or feeling in 80 % of school days. | | **2** | Coping Strategy Use – When staff notice early signs of overload (e.g. rocking, head down), he will independently choose a strategy from his 5‑option “Calm Menu” (deep pressure, weighted cushion, Now/Next review, movement break, fidget) in 3 of 4 observed incidents each week. | | **3** | Safe Transitions – During key transitions (classroom ↔ playground; lining‑up), he will follow the “Stop‑Look‑Walk” visual prompt and stay with the group in 4 of 5 opportunities monitored weekly. | | **4** | Positive Peer Interaction – In a weekly adult‑facilitated game, he will make one friendly comment or gesture to a peer (e.g. “Your turn,” thumbs up) on 70 % of sessions. |   *(Progress logged on a one‑page tick‑sheet; SENCo reviews half‑termly.)* |
| **Recommendations:**  Ordinary Available Provisions – In‑Class Support   | **Strategy** | **Implementation** | **Delivery** | **Monitoring** | | --- | --- | --- | --- | | Daily Zones Check‑In (SPELL – Structure & Empathy) | Name/photo magnets on a 4‑colour board at set times; adult models “I’m in green, ready to learn.” | Class teacher: TA prompts if needed. | Tick‑sheet: did he check‑in? | | Calm Menu & Regulation Station (Biological Basis of Emotions) | Visual menu of five strategies; designated calm spot with weighted items, wobble cushion and timer. | TA guides choices, fades prompts. | Brief ABC tally of strategy chosen & effect. | | Predictable Transitions (Positive Timetable Recording) | Countdown card + verbal “1 minute to line‑up” + hand‑over‑hand rehearsal of Stop‑Look‑Walk. | All staff consistently. | Weekly note of successful vs prompted transitions. | | Peer Buddy Roles (Circle of Friends) | Allocate rotating “encourager” or “time‑keeper” roles in small‑group tasks to foster positive comments. | Teacher introduces; TA reinforces. | Checklist: positive peer comment made? |   Additional Targeted Interventions   | **Strategy** | **Implementation** | **Delivery** | **Monitoring** | | --- | --- | --- | --- | | Emotion‑Literacy Small Group | 2 × 20 min weekly: name feelings, match to body‐signals, rehearse coping plans using puppets / photo cards (Attunement Strategy & Compass of Shame). | Trained TA: planning time from SEND budget. | Simple record sheet of feeling named & strategy picked. | | Safety Walk‑Throughs | Weekly 10‑min walk around key risk spots (gate, car park) practising Stop‑Look‑Walk with visuals. | TA & Aziyah; class teacher joins twice per half‑term. | Single‑page checklist of safe vs unsafe actions. | | ABCC Reflection Sessions | 5‑min debrief after any red‑zone incident, using a child‑friendly ABCC card (Antecedent‑Behaviour‑Consequence‑Communication) to identify the trigger and preferred alternative. | TA or teacher. | ABCC sheets filed; patterns reviewed half‑termly. | | Lunch‑Time Friendship Club | 15 min twice weekly structured games (e.g. Jenga, Lego) with 1:3 ratio to build turn‑taking and praise. | Midday supervisor trained by SENCo. | Engagement log (comment given/received). |   *Reinforcement & Reflective Practices*   * Immediate descriptive praise (“I saw you chose the cushion and came back ready - great problem‑solving!”). * “Two Stars and a Wish” mini‑review after Regulation Station use. * Class token reward when he completes three safe transitions - promotes peer encouragement.   *Neuro‑Affirming Considerations*   * Accept and normalise self‑stimulatory movements (rocking, flapping) unless unsafe; teach peers that these are part of how some brains regulate. * Use literal, positive language; avoid idioms like “pull yourself together.” * Offer low‑arousal spaces and visual schedules to reduce uncertainty. * Celebrate kindness and interests (Hot Wheels, outdoor play) to build identity and self‑esteem.   Needs (emotional dysregulation, sensory overload, limited safety awareness, small peer group) → Short‑Term Outcomes (emotion check‑in, coping strategy use, safe transitions, positive peer comment) → Provisions (Zones board, Calm Menu, predictable transitions, emotion‑literacy group, safety walk‑throughs) create a coherent pathway towards the long‑term goal of independent self‑regulation and safe, positive participation in school life. |

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| **Sensory and Physical**   Long‑Term Outcome  Across the next key‑stage (three years), Aziyah will:   * notice when he is becoming over‑ or under stimulated and choose a strategy from his personalised sensory toolkit to return to a calm‑alert state. * use an emerging tripod pencil grasp and improved core–hand strength to record simple words or pictures for five‑minute tasks. * follow a two‑step toileting routine (flush → wash hands) and move safely around school (Stop‑Look‑Walk) with no more than one verbal cue.   This will let him stay regulated, learn comfortably and keep himself safe.  Short‑Term Outcomes (within 12 months)   | **No.** | **Outcome (measurable target)** | | --- | --- | | 1 | Sensory Regulation – When dysregulation signs appear (rocking, head‑down), he will select and start a strategy from his 5‑picture “Calm Menu” within 2 minutes, succeeding in 4 of 5 incidents weekly. | | 2 | (vertical line, horizontal line, circle, cross) onto his whiteboard, achieving this accurately on 4 out of 5 school days each week. | | 3 | Independent Toileting – Given a two‑picture prompt, he will flush and wash hands independently in 80 % of daytime visits over four consecutive weeks. | | 4 | Safe Transitions – During classroom → playground/hall moves he will stop at the floor footprint, look towards staff, and walk on the highlighted pathway in 4 out of 5 monitored transitions each week. |   *(Progress tracked on a one‑page tick‑sheet; SENCo reviews half‑termly.)* |
| **Recommendations:**  Ordinary Available Provisions – In‑Class Support   | **Strategy** | **Implementation** | **Delivery** | **Monitoring** | | --- | --- | --- | --- | | Whole‑Day Sensory Diet (SPELL – Structure & Low Arousal) | Embed movement breaks every 45 min, heavy‑work jobs (chair‑push, carrying books) and calming tools (weighted cushion, wobble stool) shown on his visual timetable. | Class teacher schedules; TA cues and models strategy use. | Daily tick‑sheet: break taken? strategy chosen? | | Low‑Arousal Workspace | Seat away from doorway/clutter, use neutral backing and noise‑dampening headphones on request. | All staff maintain environment. | Half‑termly sensory audit. | | Fine‑Motor “Funky Fingers” Tray (Learning Hierarchy of Skills) | Morning tray with pegboards, putty, beads and mini‑screwdrivers; five‑minute rotation before lessons. | TA leads, reducing prompts. | Count of items completed; photo record. | | Visual Toileting Routine | Laminated two‑step strip at toilet door; timer so he knows water‑play limit. | Midday staff and TA prompt fading to independence. | Weekly tally of independent routines. | | Safety Visuals | Footprint floor stickers + “Stop‑Look‑Walk” poster at exits; staff rehearse routine in calm times. | All staff use same wording and gesture. | Transition log: safe vs prompted. |   Additional Targeted Interventions   | **Strategy** | **Implementation** | **Delivery** | **Monitoring** | | --- | --- | --- | --- | | Sensory Circuit (3 sections – alert‑organise‑calm) | 10 min twice daily in small hall: rebounder, crawling tunnel, belly‑board push, finish with deep‑pressure roll. | Trained TA: planning time from SEND budget. | Simple rating: start/finish regulation colour. | | Small‑Group Fine‑Motor Club | 3 × 15 min/wk tasks: threading, play‑dough letter stamping, peg patterns, aiming for smooth tripod grasp. | TA with teacher‑set plan. | Photo portfolio; fortnightly grip check. | | Life‑Skills Practice | Weekly 10‑min role‑play of toileting & handwashing, dressing zips, peeling fruit. | TA in nurture room. | Checklist of steps mastered. | | Friday “Safety Walk” | 10‑min tour of gates, car park, corridors rehearsing Stop‑Look‑Walk and road‑side waiting. | TA & one peer buddy. | Simple safe/unsafe tick‑sheet. |   *Reinforcement & Reflective Practices*   * Immediate descriptive praise (“You chose the weighted cushion and came back to green - great self‑regulation”). * Sticker on “I used my strategy” chart after each independent Calm Menu choice. * Two‑Stars‑and‑a‑Wish chat after Sensory Circuit on Fridays to notice body feelings and set next step.   *Neuro‑Affirming Considerations*   * Accept stims (rocking, flapping) as useful regulation unless unsafe; teach classmates that “everyone has different ways to feel calm.” * Offer choice of tools (hug jacket, fidget, headphones) so he owns his regulation. * Use literal, positive language (“Your body looks wobbly - let’s choose a heavy‑work job”). * Plan predictable routines and visual schedules to reduce unexpected sensory load.   Needs (sensory‑seeking & overload, fine‑motor delay, toileting, safety risks) → Short‑Term Outcomes (choose Calm Menu, copy shapes, independent toileting, safe transitions) → Provisions (sensory diet, Funky Fingers, visual routines, Sensory Circuit, Safety Walk) form a clear pathway to the long‑term goal of regulated participation and growing physical independence. |

**Signed:** *Scott I-Patrick*

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**Role:** Locum Educational Psychologist

**Date:** 15/05/25

**Ref:** 20180729-COLEA-EHMNUMBER-PSYCHADVICE

cc:

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