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

A copy of this advice is provided to Zuhayr’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:** | Zuhayr Saafir | **Date of Birth:** | 09-Oct-2019 |
| **School/Setting:** | Fairlands Primary School  Pound Avenue, Stevenage, Hertfordshire SG1 3JA | **Age:** | 5 Years 7 Months |
| **Address:** | 7 High Street Stevenage SG1 3BG | **UPN:** |  |
| **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 Zuhayr’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 preliminary observations draft is based on a comprehensive review of all documents submitted and reviewed as part of the Education, Health, and Care Needs Assessment (EHCNA) for Zuhayr Saafir. These include:

***Parental Contributions:***

* **Request for an Education, Health and Care Needs Assessment (20th February 2025)**, completed by Dr Syed Ahmed Patwary (father), providing comprehensive developmental history, current challenges, and aspirations for Zuhayr's education and support needs. The form outlines concerns about communication, behaviour, sensory needs, and daily living skills.

**Medical and Professional Assessments:**

***International Professional Reports (Bangladesh):***

* **Psychological Findings and Suggestions,** completed by Squadron Leader and Staff Officer, Maryeam Akter, from Blue Sky School (7th January 2025). The document identifies key areas of difficulty including lack of communication, socialisation challenges, and poor peer group relationships. Diagnosis of ASD and ADHD confirmed with recommendations for intensive therapies.
* **Medical Consultation Summary from Evercare Hospital Dhaka (15th August 2024)**, completed by Dr Sarwar Jahan Bhuiyan, documenting Zuhayr's medical presentation at 4 years 10 months, including hyperactivity, poor speech, and current non-verbal status.
* **Medical Prescription from Evercare Hospital Dhaka (15th August 2024)**, by Dr Sarwar Jahan Bhuiyan, detailing prescribed medications.

***Earlier Professional Assessments (2017-2022):***

* **Occupational Therapy Treatment Continuum Report (2017)**, from Sunshine Learning Centre, completed by Ms Sanjida Akhter, Senior Occupational Therapist, and Ms Saira Nazneen Ahsan, CEO. This report provides comprehensive assessment of Zuhayr's sensory processing difficulties, motor skills, cognitive integration, and performance in activities of daily living, with detailed treatment approaches.
* **Student Progress Report from Sunshine Learning Centre (2017)**, completed by Ms Sabrina Mustary, Behaviour Therapist, detailing Zuhayr's progress across social, cognitive, language, daily living and motor domains. The report documents his attendance at the centre from age 2.5 years, noting initial presentation with speech delays, poor eye contact, attention difficulties, and delayed peer interaction skills.
* **Recommendations for Continued Support (undated)**, from Sunshine Learning Centre, Dhaka, completed by Ms Khushboo Alam Kaney, Senior Speech and Language Therapist, and Ms Saira Nazneen Ahsan, CEO. This document outlines comprehensive recommendations for speech-language therapy, home-based activities, professional collaboration, ongoing monitoring, and parent support strategies.

***Local Authority and School Documentation:***

* **Letter from Danestrete Child Development Centre (18th March 2025)**, from Ms Toni Croucher, Admin Support, confirming that Zuhayr is not known to Community Paediatricians and requesting comprehensive multi-disciplinary assessment information.
* **Notification of a Request for an Education, Health and Care (EHC) Needs Assessment (5th March 2025)**, issued by Ms Emily Peirce (EHCP Coordinator), documenting initial responses from various services including confirmation of no current involvement from DMO, Educational Psychology, and Social Care services.

***School Submissions:***

* **School Statement (25th March 2025)**, completed by Ms Julie Jeffries (Assistant Headteacher & SENCo) at Fairlands Primary School, detailing Zuhayr's admission journey via the Fair Access Protocol, observations from home visit (18th March 2025), and initial school experiences (21st-24th March 2025). Describes intensive behavioural needs and current reduced timetable provision.

All observations and recommendations in this draft are based on the insights gained from these sources, ensuring that Zuhayr's individual needs are clearly identified and appropriately supported. The documents collectively provide a developmental narrative from early intervention at age 2.5 years through to current presentation at age 5 years 7 months, highlighting consistent areas of need in communication, sensory processing, social interaction, and motor development throughout his journey from Bangladesh to the UK educational system.

ADDITIONAL BACKGROUND INFORMATION

***Early Development (Birth to 2.5 years)***

According to the parental EHCNA request form (February 2025) completed by Dr Syed Ahmed Patwary (father), Zuhayr's early development raised concerns when he was approximately two and a half years old. The father reported that Zuhayr "started sitting at his ninth months of age and walking while he was one and half." Initial concerns emerged when Zuhayr began speaking meaningful words but stopped after a week, transitioning to "making inappropriate, meaningless sounds, imitating poems he used to listen or watch on TV but without the actual sentences or words." This pattern of jargon has continued since.

The parental report (February 2025) also documents that Zuhayr "remains overtly hyperactive since his infant age, keep himself busy with running aimless, throwing objects upwards with no sitting habit at all." The medical consultation summary from Evercare Hospital Dhaka (15th August 2024) confirms Zuhayr was born in Mirpur, Bangladesh, with a weight of 20kg reported at the time of consultation, noting "Problem: hyperactive, poor speech, currently non-verbal."

***Diagnosis and Early Intervention (Ages 2.5 to 3)***

The parental EHCNA request (February 2025) indicates that Zuhayr was assessed by several paediatricians and neurologists in Bangladesh after his parents noticed his atypical behaviours. Multiple professionals concluded with a clinical diagnosis of Autism Spectrum Disorder with Attention Deficit Hyperactive Disorder (ASD with ADHD). As documented by Dr Patwary (February 2025), these professionals used DSM-5 scoring and determined that Zuhayr had Level 3 ASD. The psychological findings report from Blue Sky School (January 2025) confirms this diagnosis of "ASD and ADHD" and lists key areas of difficulty, including "lack of communication," "lack of socialisation," and "poor peer group relationship."

The Sunshine Learning Centre report (2017) documents that when Zuhayr first attended their centre at age 2.5 years, he presented with significant developmental delays. As noted by Sabrina Mustary, Behaviour Therapist, ‘When Saafir came to our centre he was 2.5 years. He had no speech, poor eye contact and poor attention. Understanding level, social and communication skill was remarkable delayed. He had less interest in peer relationship and also had poor play skills.’

Following diagnosis, medications were prescribed to manage hyperactivity and irritability, which continued at the time of the EHCNA request. The parental report (February 2025) states that Zuhayr began receiving one-to-one behavioural and educational, occupational, and speech and language therapies, continuing for the last two and a half years before relocating to the UK.

***Early Intervention and Assessment Findings (2017)***

The comprehensive Occupational Therapy Treatment Continuum report (2017) by Ms Sanjida Akhter, Senior Occupational Therapist, identified significant challenges across multiple domains:

* Sensory processing difficulties: "difficulty in his sensory processing skills, age-appropriate daily living activities, and also difficulty in motor skills means crossing the midline, laterality, activity tolerance, gross motor coordination, oral motor control, bilateral integration, fine coordination, visual motor integration."
* Social interaction challenges: "Difficulty in social interaction, interpretation of situations, social skills, dyadic interaction and group interaction."
* Behavioural presentation: "His level of arousal, orientation, recognition, attention span, initiation of activity, memory, sequencing, problem solving and generalisation skills were weak."

The report detailed specific sensory and motor challenges including vestibular dysfunction with hypersensitivity to movement, tactile dysfunction with hypersensitivity to touch, proprioceptive dysfunction affecting movement tolerance, and social, emotional and play dysfunction.

***Educational Provision in Bangladesh (Ages 3 to 5)***

According to the parental EHCNA request (February 2025), Zuhayr initially received home-based play therapies by a trained professional for approximately six months. Subsequently, he was admitted to Sunshine Learning Centre, an institution for children with special educational needs, before moving to Blue Sky School, a school for children with special needs. The psychological findings from Blue Sky School (January 2025) confirm that Zuhayr attended their Air Force school for special children.

The Sunshine Learning Centre progress report (2017) documented Zuhayr's response to intervention, noting "After our supervision he overcome most of the barriers. Sitting habit, understanding level, follow instruction, academic skills, peer play all are improved." The report included detailed assessment of skills across domains:

* Communication - Partial prompt required for most speech and language tasks
* Social - Independent in offering social smiles, but requiring support for peer interaction
* Cognitive - Independent in many cognitive tasks but with emerging skills in others
* Daily living - Partial prompt needed for most self-care activities
* Motor - Independent in some gross motor skills but requiring support for fine motor tasks

The parental report (February 2025) details the progress made during this period:

* Improved eye contact and cognitive and social behaviour
* Beginning to recognise parents and close relatives with improved social interaction
* Became familiar with other children his age, though remained minimally interactive
* Started saying one or two meaningful words, though jargon continued
* Recognised colours, familiar objects, and educational tools
* Started communicating independently through gestures (pulling or dragging people towards desired objects)
* Developed some sitting habits (five to ten minutes)
* Started mimicking words and following instructions
* Began eating independently more frequently and started using the toilet for urination

The father noted that despite these therapies, "the progression he made was not that satisfactory to match our expectations."

***Medical Management (2024)***

The medical consultation at Evercare Hospital Dhaka (15th August 2024) confirmed ongoing challenges, with Dr Sarwar Jahan Bhuiyan documenting Zuhayr as "currently non-verbal" at age 4 years 10 months. Medical intervention included prescription of:

* Risperidone (1mg) for behavioural management
* Clonidine (0.1mg) with a carefully titrated dosing schedule
* Atomoxetine (10mg) for attention and hyperactivity
* Sodium Picosulfate syrup for associated physical health needs

***Transition to the UK (January 2025)***

The parental EHCNA request (February 2025) documents that Dr Patwary moved to the UK as a skilled worker on 28th January 2025, currently working as a doctor at Lister Hospital, Stevenage. The family brought Zuhayr with them "with a hope and expectation that our son will be able to find his very best future in this country."

***Current Educational Placement (March 2025)***

The school statement from Fairlands Primary School (March 2025) provides a detailed chronology of Zuhayr's admission process:

* 11th February 2025: School received email regarding Fair Access admission
* 13th February 2025: Parents and Zuhayr attended school visit
* 4th March 2025: Confirmation of placement received
* 5th March 2025: EHCNA request submitted by parents, supported by SENDIAS
* 18th March 2025: Home visit conducted by senior teacher and SENCo
* 21st March 2025: Zuhayr started at Fairlands Primary School

The school statement (March 2025) documents concerning behaviours observed during the initial school visit: "During his visit, Zuhayr displayed an intensive level of unsafe behaviours against adults and peers, including his parents." These behaviours included constant screaming, grabbing and pushing others, throwing objects, and showing no awareness of others.

The home visit report within the school statement (March 2025) recorded detailed observations of Zuhayr's behaviour at home, including:

* Screaming throughout the visit
* Opening the outside door onto the main road
* Switching lights on and off multiple times
* Breaking a door handle whilst pulling the door
* Attempting to grab the SENCo's notepad and face repeatedly
* Chewing his wrists and clothes
* Running up and down stairs unsupervised when left alone

***Current Educational Provision***

According to the school statement (March 2025), Zuhayr is attending on a reduced timetable of 1:30-2:30pm daily, with planned 15-minute increments every two weeks. He is supported by two adults during this time, with the second adult changing every 20 minutes "to enable a team around the child to be built." The school reports that he is unable to access the Reception environment and enters through a separate entrance, accessing a separate learning environment with sensory activities.

***Professional Involvement and Referrals***

The school statement (March 2025) documents current referrals in place:

* School-funded Speech and Language Therapy (Ms Sarah Dunne)
* Early Years advisory teacher allocated (Ms Rachel Thornewill) - visit to be confirmed
* Greenside advisory teacher allocated (Ms Sarah Williams) - visit was booked for 3rd April 2025
* Family centre referral made - allocated worker is Ms Claire Whittaker
* Health visitor for new sibling (Ms Charlotte Larkins) - advised potential referral to Children's Services for medical needs

The letter from Danestrete Child Development Centre (18th March 2025) indicates that whilst Zuhayr is not currently known to Community Paediatricians in the UK, they are prepared to provide medical advice through quality triage based on comprehensive documentation from all professionals involved in his care. The notification of EHC assessment request (March 2025) confirms that Educational Psychology, DMO, and Social Care services reported no current involvement with Zuhayr at the time of the assessment request.

This comprehensive developmental journey provides the foundation for understanding Zuhayr's complex presentation and the significant transition challenges he faces as he begins his educational journey in the UK system.

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

***Zuhayr's Interests and Self-Views***

Due to Zuhayr's pre-verbal status and communication challenges, his interests and preferences are observed rather than self-reported. As documented in the parental EHCNA request (February 2025), Zuhayr demonstrates distinct preferences and interests. According to Dr Patwary's observations, Zuhayr "likes to pick up three objects and mainly throw them upwards" and "prefers to play with vegetables, fruits then conventional toys." The school statement (March 2025) confirms this throwing schema, noting that "his preferred schema is throwing things up high but he is not always interested in watching them fall."

The parental report (February 2025) identifies that Zuhayr "enjoys puzzles and blocks" and "likes nursery rhymes and mimicking songs on the TV," with his father stating, "We have to have the tv on for 24 hours." Additional sensory preferences include "jumping a lot," "playing with water," and "running up and down stairs." The home visit observations (March 2025) corroborate these interests, noting that he engaged in "collecting things from the floor and throwing them up in the air" during the visit.

According to the Occupational Therapy report (2017), Zuhayr demonstrates interest in several structured activities, including "beadings, coin box, therapy putty" for cognitive activities, suggesting he responds well to tactile and manipulative learning materials. The report also notes his engagement with physical activities including "running, jumping, ball throwing/catching" and "jumping jack, climbing, bear walks," demonstrating a preference for gross motor activities that provide sensory input.

The Speech and Language recommendations document (undated) highlights Zuhayr's potential interest in interactive activities, recommending "building blocks, puzzles, role-playing" as appropriate play-based learning activities. The Sunshine Learning Centre progress report (2017) documents his ability to "follow along and imitate with rhymes and songs," suggesting musical activities may be a preferred medium for engagement.

***Zuhayr's Communication and Social Preferences***

According to the parental EHCNA request (February 2025), Zuhayr communicates his needs through gestures, such as "pulling my hands, dragging me towards dining table when he is hungry" and "run towards the wardrobe and take his diaper when he needs to open his bowel." His father reports that Zuhayr "responds better in face to face interactions" and notably "used to stay calm and enjoy his moments preferably with his uncle (my younger brother)" who was ‘counted as his most known person/friend.’

The parental report (February 2025) indicates that whilst Zuhayr is "not able to communicate like other kids of his age," he shows awareness of familiar people and "is well aware of identifying his parents and close relatives, behave socially with them." The Sunshine Learning Centre progress report (2017) notes he can "describe needs through gestures," showing adaptive communication strategies despite being non-verbal.

***Parental Observations of Strengths***

Dr Patwary's comprehensive EHCNA request (February 2025) identifies several strengths in Zuhayr:

* "Good gross motor skills"
* "Very good eye contact"
* Beginning to recognise and respond to familiar people
* Able to identify regular used objects and match shapes
* Can "paint, but prefer the walls more than papers"
* Shows awareness of hot and cold objects
* "Has the perception of pain very well"
* Demonstrates some independence in eating and drinking
* Beginning to follow instructions and mimic words

The father notes progress made during therapeutic interventions in Bangladesh, including improved eye contact and cognitive and social behaviour, beginning to recognise parents and close relatives with improved social interaction, recognition of colours, familiar objects, and educational tools, and development of some sitting habits (five to ten minutes).

***Parental Observations of Challenges***

The parental EHCNA request (February 2025) provides detailed observations of Zuhayr's challenges:

* Communication - "Still not able to understand calendar, take a shower by his own, use the toilet on his own"
* Sensory issues – ‘Hand flapping and grabbing other people’s nose’
* Behavioural challenges – ‘Screaming when something goes against his will’ and "screaming and meltdowns are getting worse as days are going"
* Safety awareness – ‘No awareness of danger" and uncertainty about "whether he would be able to cross roads on his own’
* Social interaction - "Weak in interaction with other kids of his age with a very brief concentration ability"
* Daily living skills - "Not able to wash his cloths, organise his belongings and brush his teeth by himself"

The father notes that despite intensive therapies in Bangladesh, the progression he made was not satisfactory or to match our expectations.

***Parental Hopes and Aspirations***

The EHCNA request (February 2025) articulates clear parental aspirations for Zuhayr's future. Dr Patwary expresses hope that Zuhayr will be:

* "Happy all around the day with no 'Screaming' at all"
* "Able to communicate verbally, make friends, companions, express views, ideas with them"
* "Prepared to take self-care without any help from others, self-dependent"
* "Can manage his emotions, anger effectively using his self-judgement"
* "Certainly able to live independently with self-esteem and courage"
* "Able to have his higher education at a University, able to manage a job"

The father states: "We have migrated here in UK with a hope and a goal for our son, expecting to see him studying and working in front of our eyes."

***Educational Aspirations***

Regarding educational provision, Dr Patwary expresses in the EHCNA request (February 2025): "I personally think that our son would not able to cope up with mainstream school as he is lagging far behind compared to kids of his age. I am expecting that a decision about his EHCP will come soon so that he can resume all his therapies at a highly structured institution staffed with expert professionals." He adds: "We are deeply concerned and worried at this moment about our son's education because we don't want him to stay out of his therapies and education as this makes the situation worse not only for him but also for us."

The father concludes: "I believe that that will be the best pathway for my son's best possible future. If my son is going to be placed at any mainstream primary school until EHCP assessment and implementation/action, then I hope and request for special education support in that mainstream primary school based on my son's needs and best suited for him."

Given Zuhayr's pre-verbal status and communication challenges, his father has interpreted his potential views and aspirations. As stated in the EHCNA request (February 2025): "we think he would like to be a person who is self sufficient to meet his daily requirements, able to make communications at his best, contribute for the productivity of the community by his own work." The father adds that "his views, hopes and goals are intermingled with ours as his parents."

The recommendations document from Sunshine Learning Centre emphasises the importance of parent involvement, noting specific guidance for parent training and support, including recommendations to attend therapy sessions to learn strategies and techniques that can be implemented at home, and seek support groups to connect with other parents of children with language delays for emotional support and information exchange. These recommendations suggest professionals recognise the parents' commitment to supporting Zuhayr's development and their need for practical strategies and emotional support.

These perspectives from both Zuhayr's observed preferences and his parents' detailed observations and aspirations provide a comprehensive picture of his current presentation and the family's hopes for his future development and independence.

**PSYCHOLOGICAL ASSESSMENT OF STRENGTHS AND NEEDS**

**Communication and Interaction**

**Strengths**

* **Non-verbal Communication Methods -** According to the parental EHCNA request (February 2025), Zuhayr demonstrates functional communication through gestures and actions, including "pulling my hands, dragging me towards dining table when he is hungry" and "run towards the wardrobe and take his diaper when he needs to open his bowel." These behaviours show intentional communication and an understanding of cause and effect. The Sunshine Learning Centre progress report (2017) confirms he can "describe needs through gestures," showing adaptive communication strategies despite being non-verbal.
* **Social Recognition and Response -** The parental report (February 2025) indicates that Zuhayr "is well aware of identifying his parents and close relatives, behave socially with them." The school statement (March 2025) notes he "is able to identify regular used objects, identify and match shapes and recognise educational objects." The Sunshine Learning Centre progress report (2017) documents that he independently "offers a social smile towards unknown faces," showing positive social engagement.
* **Emerging Verbal Skills -** As documented in the parental EHCNA request (February 2025), Zuhayr has "started saying one or two meaningful words" and "started mimicking words he use to hear, following instructions." The psychological findings from Blue Sky School (January 2025) report "better eye contact" as an area of improvement.
* **Visual Learning -** The parental report (February 2025) states that Zuhayr "responds better in face to face interactions" and has "very good eye contact," suggesting visual communication may be a relative strength.
* **Response to Structured Communication -** The Sunshine Learning Centre progress report (2017) notes Zuhayr "responds to calling by name" with partial prompting, showing awareness of directed communication.
* **Musical Responsiveness -** He can "follow along and imitate with rhymes and songs" (Sunshine Learning Centre Progress Report, 2017), indicating musical activities as an effective communication channel.
* **Receptive Language Development -** The progress report notes Zuhayr can "understand and follow instructions" with partial prompting (Sunshine Learning Centre, 2017), demonstrating emerging receptive language skills.

**Needs and Impact**

* **Significant Speech and Language Delay -** The psychological findings from Blue Sky School (January 2025) identify "Speech Problem" and "Lack of communication" as primary concerns. The parental EHCNA request (February 2025) reports that Zuhayr is "not able to communicate like other kids of his age" with medical records confirming he is "currently non-verbal" at age 4 years 10 months (Evercare Hospital Dhaka, August 2024). Initial assessment noted "no speech" at age 2.5 years (Sunshine Learning Centre, 2017), with ongoing challenges in developing verbal communication despite intervention. This severely impacts his ability to express needs, resulting in "screaming to express his needs, emotions like joy, anger, sorrow or excitement" (Parental EHCNA request, February 2025).
* **Social Communication Difficulties -** According to the psychological findings (January 2025), Zuhayr shows "Lack of socialisation" and "Poor peer group relationship." The parental report (February 2025) notes he is "weak in interaction with other kids of his age with a very brief concentration ability towards any discussion." The occupational therapy report identifies "difficulty in social interaction, interpretation of situations, social skills, dyadic interaction and group interaction" (Occupational Therapy Report, 2017), impacting peer relationships and social participation.
* **Receptive Language Challenges -** The parental EHCNA request (February 2025) documents that Zuhayr is "Unable to understand every commands or explanations" and shows "difficulty in socialisation, irregular response to name." This impacts his ability to follow instructions and participate in structured activities.
* **Pragmatic Language Challenges -** Recommendations note need to "improve social communication skills, including turn-taking, eye contact, and appropriate use of language in different social situations" (Speech and Language Recommendations, undated), affecting quality of social interactions.
* **Impact on Daily Functioning -** The school statement (March 2025) reports that Zuhayr "is not using any words and screams at high pitch and volume." This communication barrier leads to frustration and challenging behaviours, with the parental report noting that "screaming and meltdowns are getting worse as days are going." Communication difficulties directly affect academic participation, with recommendations highlighting need for "visual supports (e.g., pictures, symbols)" to support learning (Speech and Language Recommendations, undated).

**Cognition and Learning**

**Strengths**

* **Visual-Motor Skills -** According to the parental EHCNA request (February 2025), Zuhayr "enjoys puzzles and blocks" and can "draw lines, circles in paper and do colouring." These activities demonstrate visual-spatial processing abilities and fine motor coordination. The Occupational Therapy report (2017) notes his engagement with "beadings, coin box, therapy putty" for cognitive activities, suggesting good response to tactile and manipulative learning materials.
* **Recognition and Matching -** The school statement (March 2025) confirms that with support, Zuhayr is able to engage in "matching puzzles" and can "identify and match shapes." The parental report (February 2025) notes he can "recognise and infrequently point at objects through pictures." The Sunshine Learning Centre Progress Report (2017) indicates he can "recognise and point at objects through pictures," demonstrating visual processing as a relative strength.
* **Problem-solving Development -** Zuhayr engages with "problem solving activity which is age appropriate (shape puzzle, fruit puzzle matching)" (Occupational Therapy Report, 2017), demonstrating cognitive potential when activities are appropriately structured.
* **Pattern Recognition -** Assessment shows he can "maintain a pattern/sequence" with partial prompting (Sunshine Learning Centre Progress Report, 2017), suggesting emerging cognitive organisation skills.
* **Memory for Routines -** According to the parental report (February 2025), Zuhayr shows some understanding of daily routines, such as taking his diaper when he needs the toilet, suggesting procedural memory development.
* **Academic Progress with Support -** The progress report notes "academic skills, peer play all are improved" following intervention (Sunshine Learning Centre, 2017), demonstrating capacity for learning with appropriate support.
* **Sensory-Motor Learning -** The parental EHCNA request (February 2025) indicates that Zuhayr "has good gross motor skills" and demonstrates learning through physical exploration, as evidenced by his ability to "manipulate objects" and engage with his environment through throwing and sensory-seeking behaviours.

**Needs and Impact**

* **Attention and Concentration Difficulties -** The psychological findings from Blue Sky School (January 2025) identify "Poor eye contact, poor attention" as key challenges. The parental EHCNA request (February 2025) reports that Zuhayr has "very brief concentration ability" and is "easily distracted and get annoyed." Initial presentation included "poor attention" (Sunshine Learning Centre, 2017), with ongoing medical management including Atomoxetine prescription for attention and hyperactivity (Evercare Hospital Dhaka, August 2024).
* **Academic Readiness Challenges -** According to the parental report (February 2025), Zuhayr is "not able to read or write" and has "poor writing skill." He is "not able to write any letters" and demonstrates difficulty with pre-academic skills necessary for formal education.
* **Executive Functioning Difficulties -** The parental EHCNA request (February 2025) describes challenges with task initiation and completion, noting Zuhayr is "struggling with sitting and concentrating in his learning sessions." The psychological findings (January 2025) confirm "Difficulty in socialisation, irregular response to name." The occupational therapy assessment identified weaknesses in "attention span, initiation of activity, memory, sequencing, problem solving and generalisation skills" (Occupational Therapy Report, 2017), significantly impacting learning capacity.
* **Delayed Cognitive Development -** Multiple assessments indicate delays across cognitive domains, with many skills requiring partial or full prompting (Sunshine Learning Centre Progress Report, 2017).
* **Limited Understanding of Abstract Concepts -** Progress report shows Zuhayr has not yet developed understanding of concepts like calendar dates or hot/cold differentiation (Sunshine Learning Centre, 2017), affecting conceptual learning.
* **Impact on Learning Engagement -** The school statement (March 2025) reports that Zuhayr "is unable to access the Reception environment" and requires a separate learning space. His cognitive challenges significantly impact his ability to participate in age-appropriate educational activities, necessitating a reduced timetable of just one hour daily. Combined cognitive challenges necessitate "multidisciplinary approach" (Sunshine Learning Centre, 2017) and extensive educational support to access learning.

**Social, Emotional and Mental Health**

**Strengths**

* **Attachment to Familiar Adults -** The parental EHCNA request (February 2025) highlights that Zuhayr "had a very strong bonding with his uncle and counted him as his most known person/friend." This demonstrates capacity for forming selective attachments.
* **Emotional Expression -** According to the parental report (February 2025), Zuhayr "screams to express his needs, emotions like joy, anger, sorrow or excitement," showing he experiences and attempts to communicate a range of emotions.
* **Emerging Social Awareness -** The psychological findings from Blue Sky School (January 2025) note improved "social interaction with familiar adults," and the parental report confirms he "started to recognise his parents, close relatives, started social interaction with them." The Sunshine Learning Centre Progress Report (2017) documents that he independently "offers a social smile towards unknown faces," showing positive social engagement.
* **Response to Structured Support -** The parental EHCNA request (February 2025) indicates that Zuhayr "used to enjoy his therapy sessions in Bangladesh," suggesting he can engage positively with structured therapeutic interventions.
* **Emerging Peer Awareness -** Progress notes indicate "peer play all are improved" (Sunshine Learning Centre, 2017), suggesting developing social interest.
* **Response to Structured Social Activities -** Therapeutic recommendations include "group play activities like pillow passing, ball passing, storytelling" (Occupational Therapy Report, 2017), indicating he can engage in structured social activities.

**Needs and Impact**

* **Emotional Regulation Difficulties -** The parental report (February 2025) describes significant challenges with emotional regulation, noting "screaming and meltdowns are getting worse" and "getting aggressive frequently, particularly with me (his father)." These difficulties manifest as "pulling my hairs, shirts, try to take off my jacket when I refuse to agree with what he demands." The Occupational Therapy Report (2017) notes he "gets easily frustrated" and "difficulty accepting changes in routine," affecting emotional stability and classroom participation.
* **Self-regulation Challenges -** Professional observations note "level of arousal" difficulties (Occupational Therapy Report, 2017), impacting ability to maintain appropriate emotional states for learning.
* **Social Interaction Challenges -** The psychological findings (January 2025) identify "Poor peer group relationship" and "Being in his own World." The school statement (March 2025) confirms Zuhayr "showed no awareness of anyone else, including his parents" during initial visits. Initial assessment noted "less interest in peer relationship" (Sunshine Learning Centre, 2017), with ongoing challenges in social engagement.
* **Limited Reciprocal Interaction -** Assessment identifies he "does not interact reciprocally with peers or adults" (Occupational Therapy Report, 2017), severely impacting relationship development.
* **Behavioural Regulation Challenges -** Medical records document "HYPERACTIVE" presentation (Evercare Hospital Dhaka, August 2024), requiring medication management with Risperidone.
* **Anxiety and Distress -** According to the parental EHCNA request (February 2025), Zuhayr becomes "irritated when he is being taken to any social gathering, trying to get out from there forcefully, screaming, throwing objects in anger." This suggests significant anxiety in social situations.
* **Impact on Social Participation -** Combined social-emotional challenges result in preference for "playing by self with objects or toys rather than with people" (Occupational Therapy Report, 2017), limiting peer interaction opportunities.
* **Impact on Family Functioning -** The challenging behaviours are affecting family life, with the school statement (March 2025) noting concerns about the heavily pregnant mother managing Zuhayr's physical aggression. The parental report expresses being "deeply concerned and worried" about managing his needs.

**Sensory and/or Physical Needs**

**Strengths**

* **Gross Motor Skills -** The parental EHCNA request (February 2025) reports that Zuhayr "has good gross motor skills" and "prefer to jump a lot." His physical abilities include "running up and down stairs" and sustained physical activity. The Occupational Therapy Report (2017) notes he can perform various physical activities including "running, jumping, ball throwing/catching," showing functional gross motor skills.
* **Physical Stamina -** The parental report (February 2025) describes that Zuhayr "seems he has no tiredness with unending stamina," indicating good physical endurance.
* **Independent Mobility -** He can "go up and down on the stairs" and demonstrates various gross motor competencies (Sunshine Learning Centre Progress Report, 2017).
* **Sensory Awareness -** According to the parental report (February 2025), Zuhayr "has the perception of pain very well" and demonstrates "good perception about hot objects," indicating intact protective sensory responses.
* **Response to Sensory Interventions -** Therapeutic approaches successfully use "vestibular stimulation" activities and various sensory strategies (Occupational Therapy Report, 2017), indicating positive response to sensory input when appropriately managed.
* **Visual Processing -** The parental EHCNA request (February 2025) notes Zuhayr has "very good eye contact" and enjoys "watch TV, interacts with cartoon characters in TV and photos," suggesting visual processing as a relative strength.

**Needs and Impact**

* **Significant Sensory Processing Disorder -** Comprehensive assessment identifies "difficulty in his sensory processing skills" across multiple domains (Occupational Therapy Report, 2017).
* **Sensory Seeking Behaviours -** The psychological findings from Blue Sky School (January 2025) identify "Self-advocacy behaviour" as a concern. The parental EHCNA request (February 2025) details multiple sensory-seeking behaviours including "hand flapping," "chewing his wrists and clothes," and "throwing objects upwards."
* **Vestibular Hypersensitivity -** He experiences "hypersensitivity to movement" with frequent slumping and head-down positioning (Occupational Therapy Report, 2017), affecting classroom positioning and attention.
* **Tactile Defensiveness -** Assessment notes "hypersensitivity to touch" where he "did not like hugs, touch" (Occupational Therapy Report, 2017), impacting social physical interaction and daily care activities. According to the parental report (February 2025), Zuhayr has "some sensory & tactile issues expressing them by flapping his right hand, moving persons from his place, pulling hairs, touching/grabbing their nose which often hurts them really."
* **Proprioceptive Dysfunction -** He shows "hypersensitivity to movement" and dislikes position changes (Occupational Therapy Report, 2017), affecting participation in physical activities and transitions. The school statement (March 2025) confirms Zuhayr's "preferred schema is throwing things up high" and notes behaviours such as "banging doors multiple times with force" during the home visit, suggesting significant proprioceptive input needs.
* **Fine Motor Challenges -** Challenges with "fine motor integration" and activities like "pinching, zipping, tripod pinch" (Occupational Therapy Report, 2017) impact self-care and academic tasks. The parental report (February 2025) indicates Zuhayr "can hold a pen but not with accurate precision" and "prefers walls, floors rather than papers to draw," suggesting difficulties with controlled fine motor movements needed for academic tasks.
* **Physical Coordination Difficulties -** Problems with "crossing the midline, laterality, activity tolerance, gross motor coordination, oral motor control, bilateral integration" (Occupational Therapy Report, 2017) affect both academic and physical activities.
* **Impact on Daily Functioning -** Sensory challenges affect multiple areas including "age-appropriate daily living activities" (Occupational Therapy Report, 2017), with most self-care tasks requiring prompting or assistance.
* **Impact on Safety and Daily Activities -** The parental EHCNA request (February 2025) reports "No awareness of danger" and uncertainty about road safety. The school statement (March 2025) documents unsafe behaviours including "opened the outside door once during the visit (onto main road)," creating significant safety concerns.

**PSYCHOLOGICAL SUMMARY**

Developmental Context

Zuhayr is a 5-year 7-month old boy with diagnoses of ASD (DSM-5 Level 3) and ADHD, identified at age 2½ following early communication regression (as detailed in Additional Background Information). Despite intensive early intervention in Bangladesh (behavioural, OT, and SALT therapies) from ages 2½ to 5, progress remained limited. The family's recent relocation to the UK (January 2025) has disrupted his therapeutic support, with behavioural challenges reportedly escalating during this transition period.

Current Profile

*Communication and Interaction:*

* Pre-verbal, using gestures (pulling hands) and vocalisations (screaming) to communicate needs
* Shows functional non-verbal communication - takes adult to dining table when hungry, fetches nappy when toileting needed
* Demonstrates emerging speech (1-2 words, mimicking) with good eye contact during face-to-face interaction
* Recognises and responds to familiar people; offers social smiles to strangers
* Significant impact: Cannot express needs verbally, leading to frustration behaviours; limited peer interaction; requires alternative communication systems

*Cognition and Learning:*

* Strengths in visual-spatial skills (puzzles, shape-matching) and procedural memory (routines)
* Learns effectively through hands-on, sensory experiences with 1:1 support
* Severely limited attention span ("very brief concentration ability"), requiring constant adult redirection
* Currently on reduced timetable (1 hour daily) in separate learning environment with 2:1 support
* Pre-academic stage - cannot read/write, requires hand-over-hand guidance for drawing
* Executive function deficits affect task initiation, sequencing, and problem-solving

*Social, Emotional and Behavioural:*

* Forms selective attachments (strong bond with uncle, seeks parents for comfort)
* Can participate in structured social activities (ball passing, songs) with support
* Limited peer awareness - "in his own world", prefers solitary play
* Significant emotional regulation difficulties - escalating meltdowns, physical aggression when frustrated
* Anxiety in unfamiliar settings manifests as fight-or-flight behaviours (fleeing, throwing objects)
* Unsafe behaviours when dysregulated (opening door to road, grabbing at faces)

*Sensory and Physical:*

* Mixed sensory profile - both seeking (hand-flapping, throwing objects, chewing) and avoiding (tactile defensiveness)
* Good gross motor skills with exceptional stamina but limited safety awareness
* Fine motor delays affect self-care skills - requires full support for dressing, toileting, feeding
* Sensory differences drive many behaviours and significantly impact daily functioning

EP Insights and Formulation

*Sensory Integration Perspective:* Zuhayr's behaviours reflect attempts to regulate his sensory system. Hand-flapping, throwing, and chewing provide needed sensory input, whilst avoidance of touch and distress in noisy environments indicate sensory overload. This neurological difference requires proactive sensory management through structured sensory activities ("sensory diet") to reduce dysregulation and unsafe sensory-seeking.

*Executive Function Framework:* His ADHD/ASD profile manifests in severely limited attention control, impulse inhibition, and planning abilities. He cannot filter stimuli or pause before acting (e.g., opening door to road). This necessitates externalised executive support through visual schedules, one-step instructions, and constant adult guidance serving as his "executive function coach."

*Communication as Behaviour:* Without functional speech, behaviour becomes communication. Screaming indicates unmet needs; aggression expresses frustration at communication barriers. Meltdowns represent neurological overwhelm rather than defiance. Alternative communication tools (PECS, signs) are essential to replace challenging behaviours with functional communication.

*SPELL Framework Application:*

* Structure - Highly predictable routines with visual supports
* Positive - Strength-based approaches using interests (puzzles, songs)
* Empathy - Understanding behaviour as communication of distress
* Low arousal - Minimised sensory triggers, quiet learning spaces
* Links - Consistent strategies across home and school

Link to Outcomes and Provisions

This formulation directly informs priority areas for support:

*Communication:* Establish functional communication system through intensive SALT and daily visual supports (PECS) to reduce frustration behaviours.

*Learning:* Gradually increase engagement through structured teaching, modified curriculum, and strategies accommodating attention difficulties (visual schedules, movement breaks).

*Social-Emotional:* Create low-arousal environments with designated calm spaces, teach coping strategies, and implement consistent behaviour management approaches across settings.

*Sensory:* Implement daily sensory integration programme with scheduled sensory activities and environmental adaptations (noise-cancelling headphones, weighted lap pads).

*Independence:* Target incremental self-care goals through consistent routines, visual sequences, and parent training.

These integrated supports address root causes - providing communication alternatives, regulating sensory needs, and structuring environment - creating conditions for Zuhayr to progress towards greater happiness, communication, independence, and engagement in learning.

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

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| **Communication and Interaction**  Long-Term Outcome  Zuhayr will develop functional communication skills to express his needs and engage with others. He will use a reliable communication system (such as simple words, gestures, or visual symbols) to make choices, ask for help, and interact socially with familiar people across school settings in a calm and purposeful way.  Short-Term Outcomes (12 Months)  Over the course of one year, Zuhayr will:   1. Use a consistent communication method (e.g. a gesture, sign, or picture card) to request his basic needs (like asking for a drink or a favourite toy) at least four times per day, reducing frustration and reliance on screaming. 2. Respond to simple communication from others by showing acknowledgment – for example, turning toward his name or smiling at a greeting – in *4 out of 5* opportunities, indicating improved attention and engagement when someone speaks to him. 3. Initiate or participate in a simple turn-taking interaction with a familiar adult or peer (such as rolling a ball back and forth or sharing a toy when prompted) at least once per week, demonstrating emerging social interaction skills. 4. Demonstrate understanding of new words by correctly selecting or pointing to at least *10 common objects or pictures* when they are named (for example, identifying “cup” or “ball” from a choice of images), showing progress in understanding language. |
| **Recommendations:**  Provisions: Ordinary Available (In-Class Support)   * *Visual Communication Aids:* Staff will use visual supports every day – for example, picture cards or a visual choice board – so Zuhayr can see options and point to what he wants. This will help him communicate without needing spoken words. * *Simplified Language:* Adults will speak to Zuhayr using short, clear sentences (“Coat on, then play outside”) and allow him extra time to process and respond. They will accompany words with natural gestures or signs (like pointing or Makaton signing) to aid his understanding. * *Modelling and Expansion:* Staff will model simple words consistently (e.g. saying “drink” when he reaches for water) and praise him when he attempts any sound or gesture. They will build on his attempts (for instance, if he points to a toy car, the adult might say “Car, you want the car. Here it is!”) to gently encourage language development. * *Structured Peer Interaction:* During class activities (like play or snack time), the teacher or teaching assistant will facilitate interactions between Zuhayr and one other child. For example, they may guide a peer to take turns with him in a game or encourage the peer to wait while Zuhayr uses a gesture. This ordinary in-class support helps him practice communicating in a natural setting with children his age. * *Visual Routine and Cues:* The class will have a consistent visual timetable (using pictures for activities like circle time, play, lunch) so Zuhayr knows what is happening next, reducing anxiety and prompting him to communicate about the routine (e.g. pointing at the next activity). Teachers will use “Now and Next” boards (e.g. “Now work, next play”) to give him clear cues, which supports his communication and understanding of transitions.   Additional (Targeted Interventions)   * *One-to-One Communication Sessions:* A staff member (such as a teaching assistant) will work with Zuhayr individually each day on a structured communication programme. For instance, they might implement a picture exchange system or a “requesting game” where Zuhayr practices giving a picture of an item to the adult to receive that item. These short sessions (5–10 minutes) will be play-based and happen daily to reinforce his requesting and turn-taking skills. * *Intensive Interaction Play:* Staff will engage Zuhayr in intensive interaction techniques – basically following his lead in play and copying his sounds or actions – to build his social engagement. For example, if Zuhayr makes a sound or a facial expression, the adult will mirror it and wait for his response. This targeted approach, done a few times a week, helps attune to his level of communication and encourage more initiation from him in a fun, pressure-free way. * *Small-Group Language Activities:* Zuhayr will join a tiny language group (perhaps 2–3 children) led by an adult a few times per week. In this group, they will do activities like singing action songs, playing turn-taking games, or looking at picture books. The structure will be very visual and sensory (using props, puppets, or musical instruments) to capture Zuhayr’s attention. This gives him practice communicating in a structured, supportive environment with peers, using gestures or sounds in a social context. * *Use of Assistive Communication Tools:* If beneficial, the school will introduce simple communication technology. For instance, they might use a tablet app with pictures that speak a word when touched, or a single-button voice output device (where pressing a button says “help” or “more”). School staff can program this with words relevant to Zuhayr (like “toilet” or “break”). This targeted support would be practiced daily, teaching Zuhayr that he can press the symbol to communicate a need, thereby expanding his ability to express himself in class.   *Reinforcement and Reflective Practices*   * *Positive Reinforcement:* Staff will praise and celebrate all of Zuhayr’s communication attempts – for example, immediately smiling, clapping, or giving him the requested item when he uses a picture or gesture appropriately. By responding promptly and positively (“Good asking, Zuhayr!”), adults show him that using his communication tools is effective, encouraging him to keep trying. * *Consistent Rewards:* To motivate Zuhayr, teachers may use small immediate rewards when he communicates instead of screaming. For instance, if he uses a card to ask for a snack, he gets the snack right away plus a high-five or a sticker on a chart. This consistent cause-and-effect approach reinforces the idea that appropriate communication brings good results, making it more likely he will use those skills again. * *Calm, Low-Arousal Response:* When Zuhayr is frustrated or shouting, staff will remain calm and empathetic. They will speak softly and use gentle visuals (like showing a picture of “quiet” or a calm-down symbol) instead of raising their voice. By keeping a low-arousal environment – minimising fuss, keeping tones soothing – adults help de-escalate his distress. Afterwards, staff will reflect on triggers (e.g. was he confused by a task or overwhelmed by noise?) in order to adjust their approach next time. * Routine and Predictability: All staff will stick to consistent routines and signals for key communication moments. For example, always using the same simple phrase (“Your turn” / “My turn”) during play, or the same hand gesture to indicate “stop.” This predictability helps Zuhayr understand and anticipate interactions. Staff will regularly meet (informally) to share what works well, ensuring everyone is reinforcing communication in the same positive way.   *Neuro-Affirming Considerations*   * *Respect for His Communication Style:* Zuhayr’s non-verbal ways of communicating (pulling an adult’s hand, leading someone to an object, or his facial expressions and vocal sounds) are fully acknowledged as valid communication. Staff and peers will be taught to pay attention to these cues and respond to them, so Zuhayr feels heard and understood even when he is not using words. * *No Pressure to Speak:* While we gently encourage new communication skills, we avoid any pressure that might cause anxiety. For example, if Zuhayr is not comfortable making a sound or word, staff will happily accept a gesture or picture from him. All forms of communication are valued equally, and progress will be at Zuhayr’s own pace. * *Personalised Tools and Interests:* Communication supports will be tailored to Zuhayr’s preferences and interests. If he loves a particular cartoon character or toy, we will incorporate those images in his picture cards or as themes in his turn-taking games. Using familiar and liked items makes communication activities more engaging and affirming for him. * *Empathy and Attunement:* Staff will practice attunement – being closely observant and sensitive to Zuhayr’s moods and signals. If he starts to look upset or confused, adults will empathise (“I see this is hard; let’s try a different way”) and adjust rather than insisting on our agenda. By seeing the world from Zuhayr’s perspective, we ensure he feels safe to communicate in ways that are comfortable for him. * Inclusive Social Environment: The school will foster an atmosphere where Zuhayr’s way of communicating is accepted and included by other children. This might involve teaching classmates simple signs he uses or explaining that “Zuhayr listens with his eyes and shows us what he wants by pointing.” Such inclusion reduces any stigma and supports Zuhayr’s communication growth in a neuro-affirming, supportive peer group. * *Consistency Across Settings:* Strategies that help Zuhayr communicate at school will be shared with his parents to use at home, and vice versa. By having a consistent approach in all environments (for example, using the same picture symbols or gestures both in class and at home), we honour Zuhayr’s needs and make sure he doesn’t get mixed messages. This holistic support respects his neurodiversity and helps him generalise communication skills comfortably. |

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| **Cognition and Learning**  Long-Term Outcome  Zuhayr will engage in learning with increasing focus and independence. Over time, he will develop foundational academic and problem-solving skills (such as basic literacy, numeracy, and thinking skills) appropriate to his developmental level. In a highly structured setting, Zuhayr will participate in classroom activities and routines with understanding, showing improved attention span and the ability to follow simple instructions as he learns and progresses.  Short-Term Outcomes (12 Months)  Over the course of one year, Zuhayr will:   1. *Increase his attention span for learning:* With support, Zuhayr will attend to a structured teacher-led activity (such as an interactive story or a sorting task) for up to 10 minutes at a time. This will be achieved by using visual cues and short breaks, and is measured by him staying engaged in the activity (sitting or standing appropriately and looking at the task) for the set duration on *4 out of 5* occasions. 2. *Develop early literacy skills:* Zuhayr will show recognition of at least 5 letters, symbols or familiar words (for example, the letters in his name or common signs like “stop” or his favourite logo). This will be evident when he consistently points to or selects the correct letter/word from a choice when asked (e.g. identifying his name label among others) on multiple occasions, demonstrating emerging understanding of print. 3. *Show basic numeracy understanding:* Zuhayr will demonstrate the ability to count up to 5 objects reliably during hands-on tasks. For instance, when given blocks or snack items, he will count out the items up to five with adult prompting (or match them to the numeral or dots on a card) in *4 out of 5* trials, indicating an understanding of small quantities and number names. 4. *Complete simple structured tasks independently:* Using a visual “first-then” board or a work system, Zuhayr will follow a two-step task sequence with minimal adult prompting. For example, given a clear visual or model (like a picture of a puzzle and then a colouring sheet), he will *first* finish a simple puzzle and *then* do a colouring activity. Success is measured by him completing both steps in order, with at most one verbal reminder, in *4 out of 5* opportunities. This shows improvement in his ability to follow instructions and finish activities, touching on his executive function skills (like understanding sequences and staying on task). |
| Recommendations:  Provisions: Ordinary Available (In-Class Support)   * *Highly Structured Learning Environment:* In class, Zuhayr will have a dedicated low-distraction workspace (for example, a specific desk or area with minimal clutter and maybe visual dividers) where he can focus on tasks. Tasks will be presented in a very structured way, often one at a time. For example, using a left-to-right system: a finished box for completed work and visual prompts for each step. This kind of structure (in line with approaches often used for autistic learners) helps him understand what to do and when an activity is done, supporting his concentration and independence. * *Visual Supports for Learning:* Teachers will integrate visual cues and prompts into all his learning activities. This includes things like visual schedules for lessons (showing the order of activities), picture instructions for tasks (e.g. a sequence of images for how to do an art project), and visual timers (so he can see how long an activity will last). By externalising the sequence of tasks and time visually, we support Zuhayr’s memory and organisation (areas of executive function that are challenging for him) and help him better understand and anticipate what to do. * *Differentiated, Multi-Sensory Teaching:* All lessons and activities will be adapted to Zuhayr’s developmental level and presented in a multi-sensory way to capitalize on his strengths. For example, when teaching letters or numbers, staff might use large foam letters he can touch, or draw letters in sand for a tactile experience; for counting, they will use real objects like snacks or toys to make it concrete. Lessons will be kept brief and engaging. If the class is doing a story, Zuhayr might get props or actions to do while listening to keep him involved. By linking learning to hands-on activities and his interests (like incorporating puzzles, blocks, or favourite characters into learning tasks), he will find it easier to understand concepts and stay motivated. * *Chunking and Breaks:* Teachers will break tasks into small chunks for Zuhayr. Rather than expecting him to complete a long activity, they will present one small step at a time (for example: first just trace one letter… good, now take a short stretch break… then colour a picture of that letter). After each chunk or when signs of restlessness appear, they will allow a movement break or sensory break (like letting him stand up, do a few jumps, or play with a fidget for a minute) before continuing. This routine of “focus then break” will be built into his day to help manage his attention and energy in a natural, classroom-friendly way. * *One-on-One Support during Classwork:* While the rest of the class works, a teaching assistant or the teacher will often sit with or near Zuhayr to gently guide him through tasks. They will use prompting strategies appropriate to him – for instance, a gentle tap on his worksheet to refocus him, a verbal prompt like “your turn, write one line,” or hand-over-hand help if he’s struggling to get started. The support will be faded gradually (lessened over time) as he becomes more familiar with routines. This in-class assistance ensures he can participate in the same topics as the class at his level, preventing frustration and keeping him engaged in learning.   Provisions: Additional (Targeted Interventions)   * *Daily One-to-One Learning Sessions:* Outside of whole-class activities, Zuhayr will have short one-to-one teaching sessions each day (5–15 minutes, depending on his focus that day) with a teacher or TA. These sessions will target his specific learning goals in a distraction-free setting. For example, one session might focus on early literacy – practicing letter recognition using flashcards or letter puzzles; another day might focus on numeracy – counting objects into a box, or sorting shapes by colour. These focused interventions use materials and methods suited for him (like using his favourite puzzle characters to teach numbers) and allow intensive practice and repetition, which he needs to acquire new skills. * *“Attention and Listening” Programme:* The school will implement a structured programme to build Zuhayr’s attention skills gradually. For instance, they might use an approach inspired by Attention Autism (in a school-deliverable way) where an adult has a “special box” of motivating toys or visual objects. During a short session several times a week, the adult will engage Zuhayr with a very enticing activity (like shaking a glitter bottle or popping bubbles) to capture his attention, then encourage him to focus for slightly longer periods and gradually involve him in simple turn-taking with the objects. These sessions are fun and game-like but are specifically designed to extend his ability to concentrate and look towards an activity led by someone else. * *Structured Workstation TEACCH Tasks:* Using principles from structured teaching, staff will create tailored workstation tasks that Zuhayr can learn to complete with increasing independence. For example, tasks like matching picture-to-picture, sorting objects by colour, or a simple insert puzzle, all set up in a consistent format. He will practice working on these tasks daily at a set time. At first, an adult will guide him through the task; over the year, the goal is for him to begin doing some of the steps by himself by following the visual layout (e.g., a green tray means “do this first,” then a red tray means “finished, put it here”). This intervention builds his ability to work systematically and self-direct for a short period, an important foundation for independent learning. * *Interactive and Sensory Learning Aids:* The school will make use of any available educational technology or sensory learning aids to help Zuhayr grasp concepts. For instance, they might use a tablet with simple cause-and-effect or phonics apps a few times a week, which can be highly engaging for him (touching the screen to see letters appear or hear sounds). Or they might use an interactive whiteboard when possible, letting him come up and trace letters or drag objects on the big screen to keep his interest. Additionally, educational games that involve movement (like hopping along a numbered hopscotch to teach counting, or throwing a ball at letter targets) will be used to combine physical activity with cognitive learning. All these targeted strategies are still within the scope of school resources and staff training, and they cater to Zuhayr’s learning style by making education as accessible and motivating as possible.   *Reinforcement and Reflective Practices*   * *Immediate Positive Feedback:* Whenever Zuhayr achieves a step in learning – no matter how small – staff will provide immediate positive feedback. For example, if he stays focused for a few minutes or completes a task, the adult will give specific praise: “Well done Zuhayr, you finished the puzzle!” or a gentle high-five, or let him play briefly with a favourite toy as a reward. This immediate connection between effort and reward helps him understand that his participation in learning activities is noticed and appreciated, building his confidence and willingness to keep trying. * *Use of Interests as Rewards:* Staff will harness Zuhayr’s special interests to reinforce learning. If he loves a certain cartoon or activity, that can be used as a motivator – for instance, showing a short clip of his favourite cartoon or a fun rhyme time after he completes a task, or incorporating those characters in the lesson itself. By linking effort to something personally enjoyable, Zuhayr is more likely to stay engaged and see learning as a positive experience. * *Token Systems and Visual Praise:* If appropriate for his understanding, teachers might introduce a very simple token reward system – for example, earning a smiley face or star on a chart for each task he completes or each period he stays on task, with a small treat or privilege when he collects a few. Even if he does not fully grasp the abstract concept of a token yet, the visual accumulation of stars and the celebratory feeling when he gets one can reinforce the habit of completing work. All reinforcement tools will be kept very visual and immediate (instant stickers, thumbs-up, etc.) so that he makes the connection. * *Gentle Error-Free Learning:* In practice, staff will use an “error-free learning” style whenever possible – this means they guide Zuhayr through tasks such that he experiences success rather than repeated failures. For example, if he is unsure of an answer, the adult might subtly point or guide his hand to the correct choice and then cheer for him. This way, he does not get discouraged by mistakes, and over time the guidance can be reduced. Staff will regularly reflect on what teaching techniques work best (e.g., Does he learn a concept faster with a song? Does he stay focused longer in the morning or afternoon?) and adapt accordingly. * *Consistency and Team Communication:* The team around Zuhayr (teachers, assistants, SENCo) will maintain consistent approaches and share notes on his progress. For instance, if a particular type of puzzle really held his attention, all staff will use that as a go-to activity to draw him into learning. Conversely, if something is not working (say a certain reward isn’t motivating him), they will openly discuss and tweak it. This reflective practice ensures that over time, Zuhayr’s programme is continuously optimised to what engages him most effectively, reinforcing successful learning behaviours.   *Neuro-Affirming Considerations*   * *Pacing to Zuhayr’s Needs:* In supporting Zuhayr’s learning, we emphasise that every child learns at their own pace. We will celebrate Zuhayr’s own progress rather than comparing him to other children or age norms. For example, if Zuhayr learns to match 3 letters this term, that achievement will be valued and recognised as meaningful growth for him. This approach ensures Zuhayr feels a sense of accomplishment and is not made to feel “behind” or inadequate – his neurodevelopmental profile is respected, and expectations are individualised and realistic. * *Learning Through His Strengths:* All learning activities will be designed to play to Zuhayr’s strengths – particularly his strong visual skills and love for tactile and movement-based activities. If he learns better through play and movement (for example, doing a puzzle on the floor or counting while jumping), the school will incorporate that. This neuro-affirming strategy means we don’t force him into a traditional sit-still-and-listen model all the time, but rather adapt teaching to how Zuhayr learns best. * *Flexible Seating and Movement:* Recognising that Zuhayr may need to move or fidget to stay regulated, the classroom will allow flexible seating or movement options. It is perfectly acceptable for Zuhayr to stand at his table to work, or use a wiggle cushion on his chair, or hold a fidget toy while listening to a story. Such supports are presented as normal options for anyone (not as special treatment), thereby affirming that needing movement is a legitimate way to learn and helping Zuhayr not feel singled out. * *No Punishment for Inattention:* If Zuhayr becomes distracted or has difficulty during learning, staff will approach this with understanding rather than punishment. They will assume he wants to do well and remove obstacles (e.g., reduce task length, eliminate a distraction, or give a sensory break) instead of scolding him for “not listening.” This empathetic stance aligns with seeing his concentration challenges as part of his neurodiversity. Mistakes or difficulties are treated as feedback for us to change the teaching method, not as wilful misbehaviour by Zuhayr. * *Student-Centred Goals:* Zuhayr’s learning goals are framed in a way that is meaningful to him. For instance, rather than insisting he learn something abstract with no context, we will choose content that connects to his life (like recognising the letters in his own name, or counting snacks at snack time). By making learning relevant and respectful of what Zuhayr finds interesting, we affirm his identity and curiosity. Additionally, we remain open to Zuhayr showing us how he learns – if he figures out a different way to do a task or shows interest in a topic unexpectedly, we will incorporate that, showing him that his unique mind and choices are valued in his education. * *Collaboration with Family:* In a neuro-affirming spirit, the school will collaborate with Zuhayr’s family to ensure consistency and to learn from what he enjoys or does well at home. For example, if parents find he loves a particular game or can do something at home (like match pictures of household objects), we can bring that knowledge into school. This partnership respects the parents’ deep understanding of Zuhayr and ensures that his learning experience is cohesive and supportive across home and school, which is crucial for a child with his profile. |

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| **Social, Emotional, and Mental Health**  Long-Term Outcome  Zuhayr will develop greater emotional regulation and social connection skills, allowing him to participate more comfortably in group activities and form positive relationships with others. In the long term, with consistent support, Zuhayr will be able to manage his feelings and behaviour in a school setting more independently – for example, using learned coping strategies when he is upset, showing interest in peers, and engaging with adults in a trusting and calm manner. He will grow in confidence and happiness at school, demonstrating that he feels safe, understood, and included in the school community.  Short-Term Outcomes (12 Months)  Over the course of one year, Zuhayr will:   1. *Develop initial self-calming strategies:* With adult guidance, Zuhayr will begin to use a simple technique or tool to help calm himself when he is upset. For example, when feeling overwhelmed he will go to a designated quiet area or accept a favourite calming object (like a soft toy or weighted cushion) in at least *3 out of 4* instances. As a result, the duration and intensity of his meltdowns will decrease (e.g. from lasting 15 minutes of screaming to calming within 5 minutes with support), demonstrating improving emotional self-regulation. 2. *Improve peer interaction in small settings:* Zuhayr will engage in parallel play or simple interactive play alongside one other child with adult support. This could mean sitting next to a peer during a planned activity (like building with blocks) and occasionally exchanging toys, or taking turns in a very structured game. Success is seen when Zuhayr participates in such a paired activity for at least 5 minutes, once a week, without becoming distressed – indicating growing comfort and interest in peer presence. 3. *Manage transitions and changes with less distress:* Using visual schedules and countdown warnings, Zuhayr will handle routine transitions (such as moving from playtime to tidy-up, or from classroom to playground) with reduced anxiety. We expect that in *4 out of 5* observed transitions, Zuhayr will move to the next activity with at most mild protest (e.g. he might hesitate or vocalize softly, but will not have a full meltdown or aggressive incident). This shows increased flexibility and trust in the adults guiding him through the day’s routine. 4. *Increase social awareness and positive interactions with adults:* Zuhayr will demonstrate growing social connection by initiating or responding to social contact with familiar adults daily. For instance, he might greet a known staff member with a smile, wave, or by approaching them, especially when prompted with a visual or verbal cue (“Say hello”). Additionally, he will show affection or trust (like taking a teacher’s hand when offered, or seeking comfort from staff when upset) on a regular basis. Achieving this consistently indicates he feels more secure socially, and adults note a decrease in instances of him completely withdrawing or being “in his own world” during times when interaction is expected. |
| **Recommendations:**  Ordinary Available (In-Class Support)   * *Consistent Routine and Preparation:* The classroom day will be highly predictable for Zuhayr. Staff will use a visual timetable and give advance warnings of any change to routine (for example, showing him a “5 minutes to change” card or using a sand timer and saying “Soon: tidy up”). By preparing him for transitions and keeping surprises to a minimum, Zuhayr’s anxiety is reduced. When a change is unavoidable (like a fire drill or a supply teacher), staff will explain in simple terms with visuals (“Today, a new teacher” with a photo) and offer extra reassurance. This structure (part of the SPELL approach of providing clear structure and low arousal) helps Zuhayr feel safe and understand what’s happening, which in turn supports his emotional wellbeing. * *Quiet Safe Space Available:* In the classroom (or just outside it), there will be a designated quiet area or calm corner for Zuhayr. This might be a cozy tent or a beanbag in a low-stimulation part of the room, with soft cushions or noise-cancelling headphones available. Zuhayr will be gently encouraged to use this space whenever he appears overwhelmed or after a challenging incident. It is a non-punitive, safe spot where he can calm down or just take a break. The area will have a few familiar calming items (like a favourite book or a fidget toy) and perhaps visual posters of “happy/sad” faces or breathing icons that adults can use to guide him through calming breaths. Having this space readily accessible in class gives him a refuge and helps prevent escalation of distress by intervening early. * *Emotion Coaching and Simple Language for Feelings:* Teachers and support staff will consistently use simple emotion words and visuals to help Zuhayr start linking vocabulary to his feelings. For example, if he is screaming or crying, an adult might softly say “Zuhayr is sad” or “You are angry,” while showing a picture of a sad or angry face. They will then model or guide a coping action (“when sad, we hug teddy” or “we take deep breaths”). By narrating his emotional state with empathy (“I understand, you are upset because the toy is gone”) and showing him what can help, staff provide emotional support and teach him bit by bit that feelings are acknowledged and can be managed. This is done in real-time during daily situations as part of ordinary support. * *Positive Behaviour Supports in Class:* The class will implement positive behavioural strategies that benefit Zuhayr without singling him out. For instance, clear classroom rules will be illustrated with pictures (like “kind hands” showing gentle hands vs. hitting) and referred to regularly. The teacher will praise other children for behaviours Zuhayr struggles with (“I like how Ali is sitting quietly”) as a model, and immediately praise Zuhayr for any small instance of desired behaviour (“Thank you for waiting, Zuhayr!” even if he waited just a few seconds). Redirection will be low-key and kind: if he starts to get agitated, staff will distract him with an alternative (“Come help me carry these books” or offering a sensory toy) rather than scolding. These ordinary techniques create a classroom culture that emphasises the positive and reduces triggers, helping Zuhayr feel more in control and less frequently upset. * *Social Opportunities with Support:* Throughout the day, staff will create structured social opportunities for Zuhayr to practice interaction in a supported way. For example, during snack time a TA might sit with Zuhayr and another child, encouraging simple sharing or passing items (“Let’s give one to your friend”). In playtime, an adult might initiate a game of chase or rolling a ball that involves Zuhayr and a peer, facilitating the interaction and stepping in as needed to guide turn-taking. During circle time, the teacher may explicitly include Zuhayr in greetings (“Everyone say hello to Zuhayr!” and help him wave). These in-class supports ensure Zuhayr is not isolated; he gets regular chances to be social, with an adult bridging the gap so he can participate successfully without becoming anxious. Over time, this normalises peer interaction for him in a gentle way.   Additional (Targeted Interventions)   * *Nurture Group or Social Skills Group:* Zuhayr will take part in a small nurture group activity 2–3 times per week, run by school staff (e.g. a learning mentor or SEN teaching assistant). This could be a short session outside the class with 1-2 other children, focusing on social and emotional development through play. Activities might include turn-taking games (like rolling a ball, blowing bubbles and taking turns to pop them), cooperative play (building a simple tower together), and teaching sharing/greeting in a controlled setting. The adult leading will use visual cues and lots of praise. The goal is to teach specific social skills (like waiting, sharing, eye contact) in a *low-pressure, fun* environment that can then be generalised back to class. * *One-to-One Emotional Check-Ins:* Zuhayr will have a daily check-in with a key adult (such as a teaching assistant or pastoral support staff) for a few minutes, for emotional support. This might be first thing in the morning or after lunch – times that can be challenging transitions. During the check-in, the adult will use a very simple feelings chart or just observe Zuhayr’s mood, and let him engage with a calming activity (like looking through a picture book or squeezing a stress ball) while chatting to him calmly. Even if Zuhayr cannot verbally describe his feelings, this regular ritual provides a space where an adult is attuned to him individually, can spot if he’s upset or anxious that day, and can reassure or prime him for the next activity (“After our quiet time, we will go to assembly – here are your headphones, we will sit together”). It is a targeted intervention to build trust and emotional security. * *Visual Social Stories and Role-Play:* To help Zuhayr handle specific situations that trouble him (such as assembly, fire drills, or changes in routine), staff will create and use social stories and simple role-plays. A social story is a short personalised picture book that shows Zuhayr in a scenario (for example, a story with pictures of the school hall, children sitting, an icon for loud music, and Zuhayr wearing headphones with a happy face, to prepare him for assembly). These will be read with him regularly, especially before a known event. Additionally, adults may practice scenarios with him one-on-one – for instance, practicing how to ask for a break by using a special card, or rehearsing greeting someone by role-playing with puppets. These targeted strategies give Zuhayr a rehearsal in a safe setting so that real-life events are less frightening and he has some prepared responses. * *Individual Behaviour Plan with Sensory Strategies:* The school will maintain an individual behaviour support plan for Zuhayr, focusing on prevention and de-escalation of meltdowns or aggression. This plan (developed by the SENCo with input from teachers and parents) will list his known triggers (e.g. loud sudden noises, transitions, certain demands) and preferred calming strategies (e.g. taking him for a walk in the corridor, offering a fiddle toy, using minimal language). All staff working with Zuhayr will be briefed on it. As part of this plan, specific sensory strategies may be used to help him stay regulated emotionally – for example, allowing him to wear ear defenders during noisy times like lunch hall to prevent distress, or giving him a big tight hug with permission when he is losing control if deep pressure calms him. The plan might also include using a “break card”: teaching Zuhayr to hand over a card or press a symbol when he needs a break, instead of having a meltdown (with staff prompting him to use it when they see early signs of distress). This proactive, personalised plan is reviewed regularly (e.g. fortnightly) to see what’s working or if new behaviours arise. It is a targeted intervention that stays within school (no outside personnel needed) but ensures consistency and a therapeutic approach to Zuhayr’s behaviour across all school settings.   Reinforcement and Reflective Practices   * *Consistent Praise for Positive Behaviour:* Every time staff catch Zuhayr displaying a positive social or coping behaviour, they will reinforce it enthusiastically. For instance, if he uses a calm-down corner on his own or even starts to calm with an adult’s help, he will be praised: “Good calming, you’re feeling better now, well done!” If he plays nicely near a peer or shares a toy briefly, adults will give immediate positive feedback (“That was great sharing!”) and perhaps a tangible reward like a sticker depicting a happy face. By making a big deal out of what he does right, we help those behaviours happen more often. * *Reward Systems for Emotional Goals:* In addition to on-the-spot praise, a simple reward chart tailored to Zuhayr can be used for key goals – for example, a chart with visual tokens for “stayed calm” or “good listening.” When he reaches a small target (like 3 calm transitions in a day), he might get a preferred activity as a reward (such as a few minutes blowing bubbles or a favourite snack). This kind of system, kept very clear and immediate, gives Zuhayr something to actively work towards and turns abstract concepts (like behaving well all morning) into a visible, understandable game. * *Low-Arousal De-Escalation:* During any incidents of challenging behaviour, all staff will follow a low-arousal approach. This means they avoid shouting or over-reacting, and instead use a quiet, measured tone and minimal language. For example, if Zuhayr is screaming or hitting, the adult will keep a neutral, soft voice: “You are upset, we are here,” and guide him to his calm area or hand him a preferred item, rather than giving lengthy explanations in the moment. Afterwards, once he is calm, they might very simply revisit what happened (“You were angry, you threw the toy. It’s okay now. Next time, we can use your break card.”) focusing on solutions not blame. This practice ensures that incidents don’t escalate further and that Zuhayr isn’t frightened or shamed during or after a meltdown. * *Staff Reflection and Adaptive Responses:* The team will routinely use reflective practice to support Zuhayr’s social-emotional needs. This involves staff discussing (in brief meetings or debriefs) any challenging incidents or great successes with Zuhayr. For example, if he had a big meltdown, they will analyse triggers: Was the environment too noisy? Was a demand too high without warning? They will then adjust strategies (maybe use headphones in that situation next time, or a social story beforehand). If something worked well – e.g., he loved the new sensory toy and stayed calm – they will make sure to use that proactively. By continually reflecting and learning, staff refine their approach so that Zuhayr’s emotional support plan is always improving. This might also involve seeking input from Zuhayr’s parents (“He had a tough day Tuesday, did anything change at home?” or sharing success “He played with a friend today!”) to keep a holistic understanding of his needs. * *Celebrate Social Successes:* It is important for Zuhayr’s self-esteem that his social successes are acknowledged. Staff will celebrate improvements in ways that suit him – maybe a quiet but meaningful celebration like a thumbs-up and showing his work or good behaviour to the Headteacher for a special sticker, rather than a loud public praise if that unsettles him. Achievements like “stayed calm all morning” or “joined group activity” might also be shared with the class in a positive way (e.g., “Zuhayr is showing us how to sit so nicely, let’s give him a clap!” if he’s comfortable with that). These practices reinforce to Zuhayr that he is doing well and is a valued member of the class, which in itself supports better emotional outcomes.   *Neuro-Affirming Considerations*   * *Understanding Behaviour as Communication:* All staff adopt the mindset that Zuhayr’s behaviours (screaming, running away, hand-flapping, even aggression) are not random “bad” behaviours but meaningful signals of how he’s feeling or what he needs. This neuro-affirming view means we always ask, *“What is Zuhayr telling us?”* rather than judging the behaviour. If he is flapping or vocalising loudly, we recognise he might be excited or anxious. If he is trying to leave the room, perhaps it is too noisy or he is overwhelmed. By respecting his actions as a form of communication, we treat him with empathy and find solutions that honour his feelings (like giving him a break when overwhelmed) – this tells Zuhayr that his emotions are valid and we’re here to help, not punish. * *Valuing His Social Preferences:* We acknowledge that Zuhayr, as a neurodivergent child, may socialize differently. It is okay if he prefers solitary play at times or engages with peers in unconventional ways. For example, if he’s happy playing alongside others without directly interacting, we still consider that a positive social experience. We won’t force eye contact or physical contact (like hugs or handshakes) if he is uncomfortable. Instead, we let Zuhayr warm up to people in his own way and time, which might mean he shows connection by simply being near someone or sharing a smile briefly. By accepting his unique ways of connecting, we ensure he does not feel pressured to be someone he is not – the goal is for him to feel authentic and safe in social settings. * *Supporting Emotional Self-Advocacy:* Even though Zuhayr is young and mostly non-verbal, we will begin laying the groundwork for him to self-advocate for his needs. This could be as simple as teaching him to use a “finished” or “break” card when he’s had enough, instead of having to scream, or showing him it is okay to cover his ears or retreat to the calm corner when things are too much. By giving him these tools and respecting when he uses them, we send the message that his comfort matters. For instance, if he indicates he needs a break, we honour that and praise him for letting us know. In doing so, we empower Zuhayr to have some control over his environment, which is crucial for his emotional health and is a very neuro-affirming practice (he learns that his needs will be heard and met appropriately). * *Inclusive and Accepting Environment:* The school will promote understanding and acceptance among staff and pupils about autism and Zuhayr’s needs. This might involve the teacher reading a story about different ways children experience the world, or just modelling acceptance (“Zuhayr uses his special headphones because loud sounds hurt his ears – that’s okay, everyone is different”). Peers will be guided to be kind and not to be alarmed if Zuhayr makes noises or gets upset – for example, “He is feeling sad right now, let’s give him space, he will be okay.” By fostering a class culture of kindness and normalising the supports Zuhayr uses (like visual cards or sensory toys that others might even share), we create a truly inclusive setting. Zuhayr is seen as just another one of the class with his own cool ways of doing things, which bolsters his sense of belonging and self-worth. * *Empathetic Discipline (when needed):* In cases where intervention is needed to keep Zuhayr or others safe (like if he throws something or hits), staff will respond in a gentle, educational manner rather than a punitive one. They will ensure Zuhayr understands he is still liked and accepted even if his behaviour was not okay. For instance, an adult might say, “I know you’re upset, but I can’t let you hit. Let’s use your pillow to hit if you need.” Afterwards, once calm, they’ll reassure him with a smile or hug (if he accepts it) to show there’s no lingering anger. This approach is neuro-affirming because it separates the child’s identity from his actions – Zuhayr learns that he is good, even if sometimes his behaviours are challenging, and that adults will help him learn better ways without rejecting him. * *Family and Cultural Sensitivity:* We also consider Zuhayr’s cultural background and family perspectives in supporting his social and emotional development. His family’s input about what calms him, what frustrates him, and their hopes for his behaviour and independence are respected and integrated. For example, if the family has particular values around behaviour or methods they use at home (like a specific prayer or song that soothes him), we will respectfully incorporate those where possible at school. This consistency and cultural attunement reinforce to Zuhayr that the important people in his life are working together and that who he is – including his cultural identity – is fully accepted and embraced in his social world at school. |

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| **Sensory and Physical**  Long-Term Outcome  Zuhayr will achieve better sensory regulation and improved motor skills, enabling him to participate in daily activities more fully with comfort and growing independence. In the long term, he will be able to tolerate typical school sensory environments (such as classroom noise or assemblies) with appropriate supports and will have strategies to cope with sensory overload. He will also make progress in physical coordination and self-care skills – for example, using his fine motor abilities to engage in classroom tasks like drawing or self-feeding, and developing greater independence in routines like toileting and dressing. Overall, Zuhayr will be healthier, safer, and more confident in his body, using his sensory and motor strengths (like his energy and stamina) to support his learning and play.  Short-Term Outcomes (12 Months)  Over the course of one year, Zuhayr will:   1. *Use sensory supports to self-regulate:* With adult assistance, Zuhayr will use at least one sensory strategy or tool to help him stay calm and focused each day. For example, he will wear his ear defenders during a loud assembly or busy lunchtime, or he will willingly take a “sensory break” to jump on a mini-trampoline or do wall pushes when he is getting overstimulated. Success is when Zuhayr accepts or initiates a provided sensory support daily (e.g. he puts on headphones when prompted, or goes to a quiet corner with a weighted lap pad) and we observe a reduction in sensory-related distress (like covering ears and crying) as a result. 2. *Improve fine motor skills for classroom tasks:* Zuhayr will demonstrate progress in his hand coordination and dexterity. Specifically, he will be able to perform a fine motor task such as stringing 5 large beads onto a lace or tracing basic shapes (like a line or circle on paper) with only minimal physical prompting. We expect that by year’s end, in *4 out of 5* attempts Zuhayr can complete such tasks that require controlled hand movements, indicating better fine motor control. This will be evidenced by improvements in related activities – for example, he may start holding a crayon with a more controlled grasp and make intentional marks, or he might start fastening an easy clothing item (like pushing a big button through a hole) with help. 3. *Increase safety awareness in movement:* Zuhayr will respond to safety instructions to protect himself from danger in the school environment. For instance, when approaching a roadway or leaving the school building, he will stop and wait when an adult gives a clear visual or verbal cue (“Stop” said firmly, perhaps paired with a stop sign card or hand signal) in *4 out of 5* trials. Additionally, during outdoor play or transitions, he will stay with his designated adult or group without attempting to run off the majority of the time. Achieving this means there’s a notable decrease in unsafe incidents (such as bolting away or opening forbidden doors) as Zuhayr learns to recognise boundaries, greatly improving his personal safety. 4. *Develop basic self-care skills (toileting and hygiene):* With a consistent routine and support, Zuhayr will make progress in toileting and personal care. By the end of the year, he will participate in a daily toileting routine at school – for example, going to the toilet area at scheduled times, sitting on the toilet for a short period (even if he does not fully use it each time), and cooperating with diaper/nappy changes or clothing adjustments without significant distress. He will also begin to indicate some awareness of his toileting needs, such as leading an adult to the bathroom or using a picture cue when he needs a change. Success is measured by him following the toileting routine with fewer refusals (at least once every school day, calmly sitting and allowing the process) and occasionally signalling discomfort (like tugging at his nappy or looking at the toilet) instead of silently enduring or becoming upset. This marks initial steps toward greater independence in hygiene. |
| **Recommendations:**  Provisions: Ordinary Available (In-Class Support)   * *Sensory-Friendly Classroom Environment:* Zuhayr’s classroom (and other school areas he uses) will be set up to be sensory-inclusive. This means:   + Minimising harsh stimuli (e.g., using softer lighting or natural light when possible instead of flickering fluorescents, and keeping the classroom noise level moderated with classroom management techniques).   + Flexible seating/posture options - allowing Zuhayr to stand, sit on a carpet, or use a wobble cushion on his chair so he can move slightly without disrupting class.   + Providing access to sensory items at his desk or within reach, such as a fidget toy for his hands, a piece of textured fabric to touch, or a chewable pencil topper so he can safely chew instead of biting his wrists or clothes.   + Having visual markers for boundaries (for example, a red stop sign picture on the door to remind him not to exit, footprints on the floor to show where to line up) to cue him visually on physical expectations.   These adjustments use only typical classroom resources and furniture arrangements, but they significantly help Zuhayr remain comfortable and attentive by reducing sensory overload and giving him acceptable ways to seek sensory input.   * *Built-in Movement Breaks and “Sensory Diet” Activities:* Throughout the day, the teacher will integrate movement breaks for Zuhayr (and the whole class, since all young children benefit from movement). For example, after sitting for 10-15 minutes, the class might do a quick stretch or action song, during which Zuhayr is encouraged to jump or dance. Additionally, Zuhayr will have personalised “sensory diet” activities – simple actions that give him the sensory input he needs. This could include letting him be the helper who carries heavy books to the library (for proprioceptive input), or doing animal walks (like bear crawl or frog jumps) during PE warm-up to get deep pressure input. Such activities can be done in class transitions: e.g., on the way to lunch, he could push or pull a wagon with lunchboxes. Regularly scheduling these kinds of activities helps keep Zuhayr’s sensory system regulated. They are ordinary in the sense that any active child might do them, but we’ll ensure Zuhayr gets them frequently and proactively (not just after he becomes dysregulated). * *Adaptive Materials for Fine Motor Tasks:* In class, Zuhayr will be provided with adapted tools to make fine motor tasks easier and more successful. For example, he will use chunky pencils or crayons (which are easier to grip than skinny ones), and scissors that have a spring to open back up (making it easier for him to practice cutting without full finger coordination). When the class is doing writing, Zuhayr might use a sloped writing board or a piece of paper taped down to prevent slipping, and perhaps a hand-over-hand support from an adult initially. During art or cutting, he may have pre-cut shapes or stick-on Velcro dots to paste rather than struggling to use glue neatly. These simple accommodations allow him to participate in fine motor activities at his level without frustration, and gradually, as his skills improve, the supports can be reduced. * *Toileting Routine and Privacy:* As part of the normal school routine, Zuhayr will have scheduled toilet breaks (for example, mid-morning, after lunch) where a familiar staff member escorts him to the toilet area. The school will ensure appropriate facilities are available (such as a changing table or a private disabled toilet) so that Zuhayr can be changed or assisted discreetly, preserving his dignity. In the bathroom, a visual sequence chart (pictures showing “pants down, sit on toilet, toilet flush, wash hands”) will be on the wall. Even if he is not toilet trained, the routine of going into the stall, trying to sit for a moment, then getting cleaned and changed if needed, will be consistent. The adult will keep the atmosphere calm and encouraging (humming a favourite tune or giving him a small toy to hold if that helps him stay calm) and respect his sensory preferences (for example, if he dislikes the sound of the flush, they will flush after he leaves the stall, and if he Is sensitive about touch, the adult will use firm but gentle pressure when wiping, as light touch may bother him). By making toileting a regular, stress-free part of the day, we help Zuhayr slowly acclimate to it as an ordinary activity. * *Close Adult Supervision for Safety:* During all transitions (moving between classroom, playground, lunch hall, etc.) and outdoor activities, an adult will be assigned to stay with or very near Zuhayr at all times. This is to ensure his safety given his lack of danger awareness. For instance, when the class walks to the hall, the adult will hold his hand or have a hand on his shoulder. At playtime, if the playground isn’t securely fenced, the adult will shadow him to prevent him from running off. All staff on duty will be informed of his tendency to run or open doors, so they naturally position themselves to intervene if needed (like standing by gates). Additionally, the school may implement physical safety measures that are standard (e.g., high handles or key pads on exit doors that little children can’t easily open) to reduce opportunities for elopement. These measures are typical for child safety and ensure that Zuhayr can enjoy physical freedom within safe limits – he can run and play, but always under watchful eyes ready to guide or stop him if danger approaches.   Provisions: Additional (Targeted Interventions)   * *Daily Sensory Integration Sessions:* The school will provide a brief sensory integration session for Zuhayr each day, often at a time when he tends to have high energy (for example, first thing in the morning or after lunch). This session, run by a trained teaching assistant, might be a “sensory circuit” – a set of physical activities designed to give a balance of sensory inputs. For example:   + Alerting activity - 5 minutes on a mini-trampoline or jumping on floor markers to provide vestibular (movement) input.   + Organising activity - an obstacle course where he has to crawl through a tunnel and carry a weighted beanbag, which gives proprioceptive (body awareness) input and focus.   + Calming activity - laying under a soft gym mat for gentle pressure or doing guided slow swinging motions on a therapy swing (if available), giving deep pressure and vestibular input in a calming way. If specialised equipment like a swing or tunnel is not available, simple equivalents will be used (jumping jacks, pushing heavy doors, rolling a large therapy ball on him for pressure – all things a trained staff can do). The session ends with him sitting quietly for a minute to experience calm. This targeted approach follows sensory integration principles to help “reset” and regulate his sensory system so he’s more ready to learn and less prone to seek sensory input in disruptive ways. * *Occupational Therapy-Informed Fine Motor Activities:* Even without an on-site OT, the school can use available guidance from OTs (e.g., from his past reports or generic programmes) to run fine motor intervention activities a few times a week. A TA will do exercises with Zuhayr like “finger gym” or “funky fingers” activities – for example, picking up small objects with tweezers, squeezing and rolling play-dough to strengthen his fingers, threading beads or pasta onto string, and doing simple crafts that involve peeling stickers or tearing paper (to build pinch strength). Another targeted activity could be sensory play to reduce touch defensiveness, like playing in bins of rice or sand, encouraging him to find small toys hidden in there (this helps him tolerate different textures in a fun way). These sessions are short and game-like, possibly shared with one or two other children who also benefit. Over time, such targeted practice should enhance his fine motor control and reduce sensitivity to touch, supporting both academic tasks and self-care skills like dressing. * *Adaptive Physical Education (PE):* During PE lessons or any sports activities, Zuhayr will get additional support and tailored tasks to ensure he benefits physically without undue stress. A staff member can help him with motor planning (for instance, physically guiding him through the actions in a game or breaking down a skill like throwing a ball into steps). If certain PE activities are too overwhelming (like a very noisy group game), the PE teacher or TA will adapt them for him – maybe he can do a parallel activity on the side, like an obstacle course or simple exercises, that still build his gross motor skills. The school might also provide extra practice sessions for foundational motor skills (running, jumping, climbing) in a smaller setting: e.g., taking him to the playground when it is quieter to practice climbing stairs or ladders safely with an adult. This targeted support in physical activities helps Zuhayr build coordination and confidence at his own pace. * *Personalised Sensory Equipment/Strategies:* The school is willing to invest in or create some personalised sensory supports if needed. For example, if it is observed that Zuhayr calms well with deep pressure, staff might use a weighted vest or lap pad for short periods (under supervision) during seated activities. If he continues to chew on non-food items, they can provide a safe chew toy/chewelry that he wears. If hand-flapping and visual seeking is an issue at certain times, they might set up a “sensory corner” with a bubble tube or lava lamp that he can watch to satisfy visual sensory needs in a controlled way. These are targeted interventions in that they are specific tools for him, used strategically – for instance, putting on the weighted lap pad during circle time to help him sit, or giving him the chew necklace during Storytime to prevent him from biting his shirt. All these supports are managed by school staff after learning how to use them properly, and their use would be logged and reviewed (to ensure effectiveness). They demonstrate a commitment to meeting Zuhayr’s unique sensory profile within the school’s means.   *Reinforcement and Reflective Practices*   * *Positive Reinforcement for Physical/Sensory Efforts:* Whenever Zuhayr uses a new physical skill or tolerates a sensory experience, staff will reinforce it. For example, if he manages to thread beads or hold his pencil correctly for a moment, he will get a cheerful “Great job, look what you did!” and maybe show another teacher (“Wow, Zuhayr drew a line on his own!”) so he feels proud. If he keeps his headphones on during a loud event (instead of throwing them off) or if he stops at the door when asked, he deserves big praise: “You listened and stopped, fantastic!” Possibly a favourite sticker or a high-five will accompany this. Recognizing these small victories consistently will encourage him to keep building those sensory and motor coping skills. * *Routine Acknowledgment of Sensory Needs:* Staff will normalise and positively acknowledge Zuhayr’s use of sensory strategies. For example, if he independently goes to the quiet corner or starts jumping to calm himself, an adult might quietly say, “Good idea, you are taking a break,” reinforcing that it is a smart, positive thing to do. If he puts on his own coat when it is cold (showing he felt the cold and responded), the teacher might point it out: “Zuhayr noticed he was cold and put on his coat, that’s taking care of yourself!” This kind of commentary helps Zuhayr become aware of his body in a positive way and reinforces self-regulation actions. * *Charts/Logs to Celebrate Progress:* For some physical goals like toileting or fine motor, the staff may keep a simple log or progress chart – not as a pressure tool for Zuhayr, but as a way to visibly celebrate improvements. For instance, a sticker chart in the toilet area could mark each time he sits on the toilet or stays dry; when he hits a milestone (like five stickers, meaning five successful attempts), he gets to choose a small prize or activity. Similarly, a chart for “stopping when asked” could earn him an extra turn on the swing after X stops. These concrete reinforcements tie positive outcomes to his physical and sensory goal achievements. * *Calm and Patient Coaching:* In teaching new physical skills (like using utensils, zipping a coat, or tolerating tooth brushing after lunch if that’s attempted), staff will use a calm, patient coaching style. They will break the skill into tiny steps and reinforce each step. If he resists or it’s hard, they won’t show frustration; instead, they might take a step back or try another day. By keeping the tone encouraging and pressure-free, Zuhayr is more likely to try again. After each session, even if it did not go perfectly, they will end on a positive note – e.g., “Thank you for trying, we’ll do more tomorrow,” possibly giving him a favourite toy after a difficult sensory task as a comfort/reward. This ensures he does not develop negative associations with practicing these important skills. * *Team Reviews and Adaptation:* The staff team will regularly review Zuhayr’s sensory and physical support strategies to see what’s working. For example, during SEN staff meetings or when the SENCo observes him, they will discuss questions like: “Does the wobble cushion help him focus or does he just play with it? Is the weighted lap pad calming or irritating him? How is he progressing with toileting – do we need to adjust times or methods?” This reflective practice allows the team to fine-tune the reinforcement strategies – maybe they discover he actually loves verbal praise and doesn’t care for stickers, so they adjust accordingly. Or they notice he’s started taking off the headphones, perhaps he doesn’t need them as much or needs a different kind of noise reduction. By being responsive to Zuhayr’s feedback (explicit or implicit), they keep reinforcement effective and meaningful. * *Coordination with Parents for Consistency:* As part of reinforcement and reflection, the school will coordinate with Zuhayr’s parents on his sensory/physical routines. For example, they might share a note, “He sat on the toilet at school today!” or ask, “How do you encourage him to wash his hands at home?” If parents are trying a strategy (like a reward for staying dry, or a new chewy toy at home), the school will mirror it if feasible, and vice versa. This consistent and united approach means Zuhayr gets the same messages and rewards in both environments, which reinforces learning. Celebrating successes together (school might send a picture of him climbing the play structure, parents might share he slept better after lots of jumping in the day) creates a positive feedback loop around Zuhayr, making him feel supported everywhere.   *Neuro-Affirming Considerations*   * *Honouring Stims and Sensory Quirks:* Zuhayr’s self-stimulating behaviours (hand flapping, jumping, throwing objects to watch them fall, etc.) are understood as important regulation and expression tools for him. Unless they pose a safety risk or severe disruption, staff will not try to stop these behaviours outright. Instead, they will provide safe outlets: for example, if he loves to throw, they’ll give him soft balls or beanbags and a safe space to throw them upward. If he flaps his hands when excited, that’s perfectly okay – staff and peers will accept it as part of him showing joy or coping with excitement. This acceptance is communicated subtly, for instance, a teacher might explain to the class, “Sometimes Zuhayr flaps his hands when he’s happy – that’s just one way to show it!” By affirming his need to stim, we ensure Zuhayr doesn’t feel ashamed of his body’s natural responses and can use them to keep himself regulated. * *Sensory Preferences Respected:* We recognise that Zuhayr’s sensory experiences of the world differ from others. This means we’ll respect his dislikes and likes. If he strongly dislikes certain sensations (e.g. being touched lightly, or certain fabrics or foods with particular textures), we will avoid or adapt those in his school day (perhaps letting him wear soft long sleeves under a uniform if he hates the feel of certain materials, or giving him a spoon if he won’t touch sticky clay with his hands during an activity). Conversely, the things he seeks out (like deep pressure or swinging) we’ll incorporate in acceptable ways, as these make him feel good and centred. Importantly, we won’t frame his sensory needs as “odd” – they will simply be part of his personal profile that we accommodate, teaching him that it’s okay to ask for things like “quiet” or “break” when he needs them. * *Choice and Control:* In all sensory and physical activities, Zuhayr will be offered choices to give him a sense of control and agency over his body. For instance, during a sensory circuit, he might choose between two activities (“Do you want to jump on the trampoline or do star jumps?” showing visuals of each). During toileting, if possible, give a choice (“Do you want to try now or in two minutes?” or let him choose the colour of the new training pants he might wear). When children have significant sensory needs, giving them some control is very neuro-affirming because it respects that he knows his body best. By listening to his non-verbal cues and any choices he makes (e.g., he consistently gravitates to certain sensory toys – we’ll take that as him telling us what he needs), we show Zuhayr that his feelings about his own body and comfort are important. * *Gradual Exposure Without Force:* We will gently introduce Zuhayr to new sensory experiences or physical skills at his own pace, using a desensitisation approach. For example, if toothbrushing at school is a goal, we might start with just letting him hold a toothbrush during water play. If we want him to participate in messy play (like finger painting) but he’s tactile defensive, we might let him wear gloves initially or use a paintbrush instead of fingers, and praise any small touch he manages. There is no punishment or negative consequence if he cannot tolerate something – we simply try again another time or in a different way. This patience avoids traumatizing him or making him fear certain activities, aligning with a neuro-affirming stance that he will develop these tolerances when he’s ready, and our role is to support, not rush, him. * *Safety Without Over-Restriction:* Given Zuhayr’s impulsivity and lack of danger awareness, safety is a big concern – but we will aim to keep him safe in a way that does not unduly limit his freedom to experience and learn. That means rather than always physically restraining him or keeping him away from certain areas, we adapt the environment (as noted, fences, high locks, supervision) so that he can still run, explore, and be a child within safe boundaries. When we teach safety rules, we do so with visual aids and repetition, not fear. For instance, instead of “If you run off you’ll get lost, don’t do that!” we say, “Hold hand by road – car is coming, stop.” and show a stop sign. This approach respects that his understanding of danger may take time and that he thrives on movement, so we find a balance – he gets to climb and run under watchful eyes, and slowly learns self-restraint through positive cues rather than constant physical blocking. In essence, we keep him secure while still validating his need to move freely. * *Holistic Health and Comfort:* We keep in mind any health aspects (like his endurance, any medication side effects, sleep issues from home reports) and adapt as needed in a compassionate way. If Zuhayr appears tired or unwell (perhaps due to his medication or a poor night’s sleep), we won’t push physical therapy that day; we might let him rest more or do calm activities. If he is particularly energetic one morning, we’ll happily give him extra outdoor time to expend energy rather than insisting he conform to the desk work immediately. This responsive caregiving acknowledges his fluctuating sensory and physical needs. It also involves coordinating with parents about things like diet (maybe he has a limited diet; the school will allow his familiar foods and not force unfamiliar ones, while gently encouraging any expansion with parent guidance). By viewing Zuhayr’s sensory and physical profile as an integral part of who he is, we aim to ensure he feels physically and emotionally comfortable at school, which is the foundation for all other learning and development. |

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

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**Role:** Locum Educational Psychologist

**Date:** 15/05/25

**Ref:** 09102019-SAAFIRZ-EHMNUMBER-PSYCHADVICE

cc:

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