



Cumberland SEND & AP Partnership

SEND Needs Descriptors

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Introduction

The Cumberland SEND Needs Descriptors are designed to provide guidance to schools and settings, parents, professionals and children and young people with Special Educational Needs and Disabilities (SEND) about how Cumberland intends to meet its responsibilities for identifying and addressing SEND.

This criterion has been set out to provide guidance as to when it might be appropriate to request an Education, Health and Care Needs Assessment (EHCNA).

It is intended to be read in conjunction with the Ordinarily Available Provision documents. These two documents describe a range of SEND needs and support Cumberland professionals with identification, intervention and prevention of escalation of needs. They aim to be fair and equitable to children and young people with a wide range of SEND providing a foundation for holistic decision making.

Access to educational provision to meet the special educational needs of children and young people is **not** dependent on a medical diagnosis. All decisions for EHCNA's are based on a holistic view of the child/young person's needs and a diagnosis does not automatically entitle children and young people with SEND to an EHCNA.

Legislation

In line with the SEND Code of Practice (DfE, 2015) it is acknowledged that:

“Every school is required to identify and address the SEN of the pupils that they support” and that this means that they will “use their best endeavours to make sure that a child or young person with SEN gets the support they need – this means doing everything they can to meet children and young people’s SEN”

DfE, 2015, p. 92

“Early years providers, schools and colleges should also take steps to ensure that young people and parents are actively supported in contributing to needs assessments, developing and reviewing Education, Health and Care Plans”

DfE, 2015, p.20

This requires schools *and settings* to demonstrate the use of their own resources using the graduated response.

The SEND Code of Practice further states:

“Local authorities may develop criteria as guidelines to help them decide when it is necessary to carry out an EHC needs assessment (and following assessment, to decide whether it is necessary to issue an EHC plan). However, local authorities must be prepared to depart from those criteria where there is a compelling reason to do so in any particular case and demonstrate their willingness to do so where individual circumstances warrant such a departure.”

DfE, 2015, p.146

The Code confirms that local authorities must not apply a ‘blanket’ policy to particular groups of children or young people or certain types of need. Rather, consideration of a child or young person’s needs must be done individually and on their merits.

The descriptors presented are a guide and are not definitive in terms of what is required to meet any particular child or young person’s needs.

Graduated Approach

Paragraph 6.44 of the SEND Code of Practice (DfE, 2015) states:

“Where a pupil is identified as having SEN, schools should take action to remove barriers to learning and put effective special educational provision in place. This SEN support should take the form of a four-part cycle through which earlier decisions and actions are revisited, refined and revised with a growing understanding of the pupil’s needs and of what supports the pupil in making good progress and securing good outcomes. This is known as the graduated approach. It draws on more detailed approaches, more frequent review and more specialist expertise in successive cycles in order to match interventions to the SEN of children and young people.”

Evidence provided when requesting an assessment for and EHCP should clearly show how the graduated approach is being implemented. This would apply to all settings.

It is expected that in complying with the above duty schools and settings will only request additional resources when they have used their best endeavours and have demonstrated that they have used available resources, which could include specialist support and information advice and guidance. *There should also be evidence that this has been acted on.*

When needs can be met without the provision of the additional funding, the LA will **not** produce or maintain an EHCP. If the child or young person’s disability or outcomes improve sufficiently during the time additional funding has been allocated (through an EHCP) and they no longer meet the threshold for such funding, schools and settings **must** notify the LA and the LA funding will end. Parents and young people must be fully involved in discussion about any amendments, through the Annual Review process.

A guiding principle is to think about all available resources that children and young people with SEND can use to meet their needs and not **only** in terms of hours of adult support.

Interpreting Descriptors

The descriptors are presented using the four broad areas of need, to support consistency across identification tools and other documentation. It is expected that most children and young people will have a range of needs across these areas, although there will be a specific need identified as their as their Primary Area of Need.

A Primary Area of Need must be identified because the LA is required to provide this data to the DfE. This anonymised data is used at national and local levels to help in planning provision.

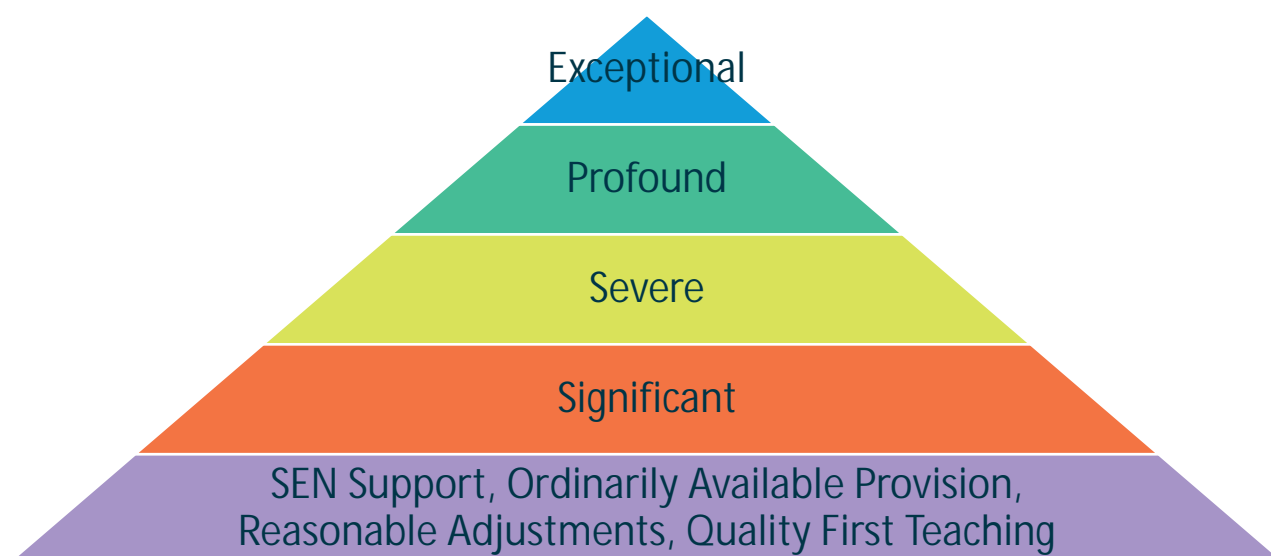
When interpreting these descriptors, it is important to bear in mind the holistic view of the child. Professionals must take into consideration not only the presenting need, but any other factors that may impact on the child.

These include but are not limited to:

- Age and stage of the child/young person
- Care status
- School Attendance
- Interactions with health services
- History of trauma
- A combination of needs resulting higher requirement of support than at first glance

Descriptor Structure

In each area descriptors are provided in up to ranges representing increasing levels of need. The terms chosen to represent different bands are presented below.



SEND Needs Descriptors

- **Significant:** Additional resources may be required to meet needs, and a statutory assessment for an EHCP may be appropriate
- **Severe:** A statutory assessment for an EHCP is necessary and additional resourcing may be required
- **Profound:** A statutory assessment for an EHCP is necessary and additional resourcing will be required

Some children/young people may exhibit needs profiles that fall outside of these descriptors. These needs are not described, due to their inherently unique and/or complex nature.

It is not possible to describe all potential needs and so for specific individual children/young people a fourth descriptor may be used.

- **Exceptional:** Some children and young people may present with learning needs that require bespoke and/or specialist approaches that fall outside of these criteria. Provision for these needs will be decided on an exceptional basis.

Starting a statutory assessment

When the Local Authority receives a request for statutory assessment, it will check to see whether the evidence submitted suggests that:

(a) the child or young person has or may have special educational needs, and

(b) it may be necessary for special educational provision to be made for the child or young person in accordance with an EHC plan.

Section 36 (8) of the Children and Families Act (2014)

The LA will therefore expect the following, before commencing such an assessment:

Ordinarily Available

The school or setting have made reasonable adjustments and put into place Ordinarily Available Provision. There have been multiple Assess, Plan, Do, Review cycles with clear evidence of strategies and support provided.

External Advice

The school or setting have accessed external advice such as Social Care, Health services, Educational Psychology or Specialist Teaching

Use and Impact of advice

Evidence is presented which demonstrates how the external advice has been used and the impact of this on the progress of the child or young person.

Progress

Evidence is submitted which demonstrates that the child's progress has not accelerated following the implementation of the ordinarily available provision and external advice.

Use of SEND Funding

The school or setting has provided evidence of how the SEN budget has been allocated and how this would directly address the child or young person's SEND needs.

SEND Needs Descriptors met

There is clear evidence which demonstrates that the child or young person meets the SEND criteria including evidence of the category and level of need. This should include comprehensive detail of approaches and strategies already applied to support individual need.

Attendance

The child or young person has an attendance of over 80% OR evidence that the child or young person's attendance is lower as a direct result of their SEND needs

Generalised Approaches

Impact		
Significant	Severe	Profound
A special educational need or disability that has an evidence-based impact on the access to learning environment, some areas of the curriculum and progress, requiring targeted support throughout the day to access the school environment, and learning tasks. May also need support with self-care needs.	The severity of needs that have an evidence-based impact on the access to the learning environment, the curriculum and progress, require more frequent adult support and intervention throughout the day, including self-care assistance.	The complexity of needs, through a combination of physical, communication, SEMH and learning needs, has an evidence-based impact on the ability to access the curriculum and/or learning environment, requiring personalised learning tasks and a high level of support throughout the day.
Attainment		
Significant	Severe	Profound
The individual's academic potential should not be underestimated and depending on the identified nature of the need, performance on non-practical based tasks may be within the national expected rate of attainment for age and/or stage. Attainment for the Key Stage may range between 'working below' to 'working above' national standards. In pre-school / Early Years, the attainment across the prime areas of development may also reflect an uneven profile.	The attainment will fall below the national standard expected across the range of prime areas of development in Early Years or areas of the Key Stage curriculum for school age pupils.	Standardised assessment will be difficult to undertake. Attainment across the key stages, including pre-school and Early Years, will be significantly below age expected standards despite high levels of support, focused interventions and implementations of advice from external agencies.
<p>Exceptional: Some children and young people may present with learning needs that require bespoke and/or specialist approaches that fall outside of the criteria above. Provision for these needs will be decided on an exceptional basis.</p>		

Communication and Interaction

Autism		
Significant	Severe	Profound
<ul style="list-style-type: none"> • Presents with underdeveloped or superficial social awareness and understanding of social relationships and expected social behaviour. • May be able to mask their different development in this area through imitation. • May be controlling and try to impose their own perspective. • May or may not want friends and/but find making and maintaining friendships difficult. • May present with unexpected reactions / responses to social cues, people and events. • Requires a significant level of visual and verbal prompts to follow instructions. • Might be following environmental cues rather than understanding instructions. • May not realise that the instruction is directed at them without a personalised cue. 	<ul style="list-style-type: none"> • May struggle to use language effectively. • Development of expressive and/or receptive language may show limited understanding of the purpose of communication. • Social behaviours, roles and relationships within social groupings are significantly under-developed. • May engage in a 1-1 situation or respond to direct social approaches but do not initiate interaction. • May avoid any sustained interaction. • May have an inability to routinely join in group work/play activities. • May not be able to sustain attention to an activity not of their choosing. • Can only follow a simple, single instruction and require a significant level of visual and verbal prompts 	<ul style="list-style-type: none"> • Presents with a severe delay or deviation in expressive and/or receptive language. • Expressive language may be difficult to understand, e.g., uses learned phrases out of context or echolalia. • Peer relationships may not be successfully developed. • May present with a restricted desire to communicate and engage socially. • May be isolated within their community. • Degree of understanding is difficult to assess (e.g. may offer little or no emotional response). • Will not be able to follow whole class, routine based direction without specific individualised prompts. • Does not realise that instructions are related to them.

Exceptional: Some children and young people may present with learning needs that require bespoke and/or specialist approaches that fall outside of the criteria above. Provision for these needs will be decided on an exceptional basis.

Communication and Interaction

Language Skills		
Significant	Severe	Profound
<p>Persistent difficulties that do not follow a typical developmental pattern. Language abilities are quantifiably below those expected for age, resulting in functional limitations in effective communication, social participation or academic achievement.</p> <p>Persistent difficulties in the acquisition and use of language across modalities owing to deficits in comprehension or production that may include the following: reduced vocabulary (word knowledge and use); limited sentence structure (ability to put words and word endings together to form sentences based on the rules of grammar and morphology); impairments in discourse (ability to use vocabulary and connect sentences to explain or describe a topic or series of events or have a conversation).</p> <p>The child or young person will demonstrate <i>severe</i> and continued impact on curriculum access and functional language skills and continued difficulties despite the advice and monitoring of Speech and Language Therapist (SLT). The difficulties are not attributable to hearing or other special educational needs.</p> <p>Language performance is at the 2nd Centile according to Standardised Language Assessment; Core/Receptive/Expressive and/or subtest language scores.</p>	<p>The child or young person will present with some/all of the difficulties as described at Moderate and these will <i>more severely</i> affect curriculum access and social development.</p> <p>Specialist assessment would indicate that the child or young person would benefit from continued advice from SLT and additional teaching support.</p> <ul style="list-style-type: none"> • Some or all aspects of language acquisition/development are significantly below age expected levels • More severe impact on curriculum access and functional language <p>The child or young person will present with <i>more severe</i> and continued difficulties, despite focused intervention developed and monitored by a SLT.</p> <p>Language performance is at the 1st Centile according to Standardised Language Assessment; Core/Receptive/Expressive and/or subtest language scores.</p>	<p>The child or young person will present with a greater level of the difficulties as described in lower bands and these will <i>profoundly</i> affect curriculum access and social development. Assessment from SLT/SAT would indicate that the child or young person would benefit from continued advice from SLT/SAT and Additional Teaching support.</p> <ul style="list-style-type: none"> • Some or all aspects of language acquisition/development are significantly below age expected levels • Profound impact on curriculum access and functional language <p>The child or young person will present with <i>profound</i> and continued difficulties, despite focused intervention developed and monitored by a SLT/SAT.</p> <p>Language performance is below the 1st Centile according to SLT/SAT Standardised Language Assessment; Core/Receptive/Expressive and/or subtest language scores.</p>
<p>Exceptional: Some children and young people may present with learning needs that require bespoke and/or specialist approaches that fall outside of the criteria above. Provision for these needs will be decided on an exceptional basis.</p>		

Cognition and Learning

Thinking and Academic Skills		
Significant	Severe	Profound
<p>Cognitive assessment by an Educational Psychologist shows significant weaknesses or a markedly atypical learning profile, which is affecting a child or young person's ability to learn.</p> <p>Where standardised tests are used, the overall score will normally be at least 3 standard deviations below the mean/standardised score 55 or below.</p> <p>Progress in reading, writing, mathematics and understanding of time and money occurs slowly and is markedly limited when compared to that of peers.</p> <p>Forgets learning from the previous days/weeks, needing lots of repetition of learning across subjects (overlearning).</p> <p>Learns by rote rather than analysing concepts. Doesn't automatically transfer learning between different contexts.</p> <p>Can deal with concrete facts more easily than abstract concepts.</p>	<p>Attainment of conceptual skills is limited. Where cognitive assessment is possible, this will show highly significant weaknesses which are affecting the ability to learn. Where standardised tests are used, the overall score will normally be at least 3 standard deviations below the mean/standardised score 55 or below.</p> <p>The child or young person generally has limited understanding of key skills e.g., written language and concepts involving numbers, quantity, time, and money.</p>	<p>Conceptual and thinking skills generally involve real objects in the 'here and now'.</p> <p>Learning is primarily based on activities such as those which develop engagement, anticipation, responses to people and experiences, understanding of cause and effect, and concepts such as sorting and matching.</p> <p>Skills are at a very early developmental level and are unlikely to be reliably assessed using standardised measures.</p>
<p>Exceptional: Some children and young people may present with learning needs that require bespoke and/or specialist approaches that fall outside of the criteria above. Provision for these needs will be decided on an exceptional basis.</p>		

Cognition and Learning

Communication and Social		
Significant	Severe	Profound
<p>Communication and spoken language are typically much less complex than that expected for age.</p> <p>Has difficulty giving specific answers or explanations, has difficulty sequencing ideas in the right order, stories/conversation may be muddled, making them difficult to follow.</p> <p>Finds longer instructions hard to understand. Better at understanding individual instructions than group instructions. Significant difficulties remembering verbal information.</p> <p>The child or young person may not interpret social cues accurately which could lead to vulnerability. Takes information at face value without critically and independently evaluating it (e.g., can be easily led or influenced). Copies what other children say/do due to lack of understanding.</p> <p>Friendships with peers are often affected by communication or social needs which could result in isolation.</p>	<p>Spoken language is limited in terms of vocabulary and grammar.</p> <p>Speech may be single words or phrases and may be supplemented through augmentative means.</p> <p>Speech and communication are focused on the here and now in everyday events.</p> <p>Language may be used for social communication more than for analysing or developing ideas.</p> <p>Understanding of language is restricted to simple speech and gestural communication.</p> <p>There are marked difficulties with perceiving and interpreting social cues, and with judgment and decision making resulting in vulnerability and social isolation.</p> <p>Friendships with peers are severely affected by communication or social needs.</p>	<p>There is very limited use and understanding of symbolic communication such as speech, signs, pictures, or tactile communication systems.</p> <p>The child or young person may respond to social interactions primarily through gestures and emotional reactions.</p> <p>Co-occurring sensory and physical needs may restrict interactions.</p>
<p>Exceptional: Some children and young people may present with learning needs that require bespoke and/or specialist approaches that fall outside of the criteria above. Provision for these needs will be decided on an exceptional basis.</p>		

Cognition and Learning

Functional and Life skills		
Significant	Severe	Profound
<p>Independence and personal care skills are slow to develop. Late to achieve milestones such as using toilet and other self-care skills</p> <p>There are significant difficulties with attention control, independent learning, managing daily routines, and personal organisation Forgets equipment (e.g. homework /pencil cases etc.)</p> <p>Not yet able to problem solve in real life situations. (e.g. unsure what to do if the bus doesn't turn up or tell someone if they are being bullied).</p> <p>Needs to take a step at a time with problem solving. Struggles to put information together to solve a problem or to see the "big picture".</p>	<p>The child or young person's independence and personal care skills are markedly limited when compared to those expected for their age.</p> <p>The child or young person is not independent with managing attention, accessing learning tasks, daily routines, and personal organisation.</p> <p>Many children and young people will have associated needs linked to sensory differences, and emotional regulation</p>	<p>The child or young person depends on others for all aspects of daily personal care, health, and safety.</p> <p>Co-occurring physical and sensory needs restrict active participation in home, recreational and other activities.</p>
<p>Exceptional: Some children and young people may present with learning needs that require bespoke and/or specialist approaches that fall outside of the criteria above. Provision for these needs will be decided on an exceptional basis.</p>		

Social Emotional and Mental Health

Relationships <i>Social skills, cooperation, friendship, attachment, security</i>		
Significant	Severe	Profound
<p>Lacks social skills required for group work and unstructured times.</p> <p>Has not yet developed social skills such as interpreting facial expressions and non-verbal language, understanding other's feelings and point of view, and taking turns in conversation.</p> <p>Often calls out. Wants immediate attention from adults and struggles to wait their turn.</p> <p>Argumentative with others, including adults.</p> <p>Finds it hard to feel accepted and develop a sense of belonging.</p> <p>Craves reassurance.</p> <p>Seeks/rejects/avoids attachments.</p>	<p>Has significant and ongoing difficulties sustaining relationships with adults and peers. May seek to gain a sense of control within relationships and try to influence others.</p> <p>Not able to value the views of others, collaborate, negotiate, and make compromises whilst working in a group.</p> <p>Frequently experiences difficulties in cooperating with trusted adults, following rules, and respecting boundaries.</p> <p>Appears to deliberately do things to annoy or sabotage.</p> <p>Over-friendly or withdrawn with strangers, and vulnerable to being taken advantage of/at risk of exploitation.</p> <p>Severe and repeated behaviours that may be injurious and/or endanger others, resulting in high levels of social isolation and rejection.</p> <p>Issues around identity and belonging.</p> <p>May express or demonstrate they feel unsafe and lack a sense of belonging and connection.</p>	<p>Has significant and persistent difficulties with trusting other people, including familiar adults and peers. Relationships are perceived as threatening.</p> <p>Is not able to/experiences difficulties with engagement and relationships with others.</p> <p>Extremely abusive towards staff and peers.</p> <p>Significant sexualised language and behaviour towards others.</p> <p>Severe and extreme behaviours that result in significant risks of harm to self and others despite close adult support, resulting in extreme social isolation, vulnerability and disengagement.</p> <p>Significantly vulnerable to manipulation by others, for example into criminal or harmful activities.</p>
<p>Exceptional: Some children and young people may present with learning needs that require bespoke and/or specialist approaches that fall outside of the criteria above. Provision for these needs will be decided on an exceptional basis.</p>		

Social Emotional and Mental Health

Engagement <i>Disaffection, confidence, self-efficacy, attention control, attendance</i>		
Significant	Severe	Profound
<p>Additional needs impact on engagement with learning on most days leading to under -performance.</p> <p>Finds it difficult to cooperate with everyday instructions/ requests and classroom boundaries.</p> <p>Avoids work or demonstrates reluctance. Has a low concept of themselves as an effective learner.</p> <p>May struggle to accept praise and show pride in their achievements and manage disappointment.</p> <p>Inattentive, easily distracted. Struggles to listen to and follow instructions, settle to and start a task, sustain concentration, and complete tasks successfully.</p> <p>Often not able to sit in class, moving feet under table, squirming and rocking in chair, fidgeting, fiddling, making noises, fingers drumming.</p> <p>May wander about the classroom.</p> <p>Attendance may be reduced. May be reluctant or unwilling to go out or leave the house.</p>	<p>Additional needs impact on engagement with learning during most lessons, leading to significant under -performance.</p> <p>Does not follow usual rules and routines on most days.</p> <p>Regularly unable to engage in tasks that are differentiated to their level of ability.</p> <p>Attention control is markedly weaker than expected for level of development and cannot be sustained without support.</p> <p>May leave the classroom without permission/ wander about the school.</p> <p>Severe and persistent disruption to social and emotional well-being resulting in unhappiness/stress. Possible prolonged periods of absence/alienation.</p> <p>Severe and unpredictable responses to learning tasks, resulting in prolonged periods of uncooperative behaviour and/or emotional withdrawal.</p> <p>Regular school/setting absence despite carefully planned supports.</p>	<p>Additional needs prevent independent engagement with learning during all activities, leading to significant under performance.</p> <p>Requires alternative curriculum to support engagement with learning.</p> <p>Is not able to sustain attention to most/any task independently.</p> <p>Experiences significant and persistent episodes of dissociation.</p> <p>Severe responses, leading to inability to engage with formal learning situations.</p> <p>Long term non-attendance associated with significant anxiety or other mental health needs.</p>
<p>Exceptional: Some children and young people may present with learning needs that require bespoke and/or specialist approaches that fall outside of the criteria above. Provision for these needs will be decided on an exceptional basis.</p>		

Social Emotional and Mental Health

Emotions

Mood, understanding emotions, regulation of emotions – including verbal and physical aggression, risk

Significant	Severe	Profound
<p>Has not yet developed age-appropriate emotional literacy, for example struggles to recognise feelings and emotions and with using words and phrases to describe how they feel.</p> <p>The child or young person may 'see' / 'feel' danger / threat disproportionate to the situation.</p> <p>May appear/present as in low mood/flat facial expressions/bored.</p> <p>Finds it hard to manage feelings of anxiety. Dysregulated on most days (for example, they experience difficulties in being able to remain calm, focussed, engaged and responsive to their connections with others).</p> <p>Experiences difficulties in managing transitions, change or uncertainty.</p> <p>Lack of interest in new experiences.</p> <p>On most days displays inappropriate, aggressive, or withdrawn behaviour.</p> <p>Presents with behaviours that impact on the learning of others on most days.</p> <p>Needs support to calm and regulate following incidents.</p>	<p>Experiences high levels of anxiety and/or dysregulation that presents as withdrawal, or behaviours that challenge during most lessons.</p> <p>Shows verbal and/or physical aggression on most days.</p> <p>Hurts self and/or others.</p> <p>Throws/misuses/damages resources.</p> <p>Presents with behaviours that impact on the learning of others during most lessons.</p> <p>Has difficulties expressing empathy, may seem emotionally detached.</p> <p>Engages in risk-taking activities in school/setting.</p> <p>Struggles to understand the consequences of behaviour.</p> <p>Struggles to resolve conflict and to repair and restore relationships following conflict.</p>	<p>Experiences high levels of anxiety and/or dysregulation that presents as withdrawal, or behaviours that challenge during most activities, even when these are individualised.</p> <p>Lacks insight into own behaviours. For example, struggles to know the difference between the truth and falsehood, fact and fiction, and reality and fantasy.</p> <p>Poses a significant risk to self and/or others for example because of violent behaviour, self-harm/attempted suicide, criminality, mental health conditions.</p> <p>Incidents can be prolonged and may struggle to calm, even with reduced demands and bespoke strategies</p>

Exceptional: Some children and young people may present with learning needs that require bespoke and/or specialist approaches that fall outside of the criteria above. Provision for these needs will be decided on an exceptional basis.

Sensory and/or Physical

Deaf / Hearing Impairment

Deaf and Hearing Impaired children with a hearing aid or cochlear implant, whose language is less developed than the average hearing child of 42 - 48 months, will have their provision based on the extent to which their language development is delayed as a result of their deafness.

Significant	Severe	Profound
Nursery or Reception child who has language assessed as between 12 - 24 months below chronological age.	Nursery or Reception pupil who has language assessed as more than 24 months below chronological age.	Children in Year 1 or above with language levels below those of an average 42 - 48 month child.

Deaf and Hearing Impaired children, of any age, whose language has developed beyond the level of the average hearing child of 42 - 48 months will have their provision based on the extent of their deafness, any additional factors and the impact this has on language and communication development and on access to learning and the curriculum.

Significant	Severe	Profound
<ul style="list-style-type: none"> For average hearing loss 56 – 80 dBHL with a score of 16 - 22 on EHCP eligibility criteria. For average hearing loss 81 – 95 dBHL with a score of 16 -19 on EHCP eligibility criteria. For average hearing loss 96 dBHL or greater with a score of 16 -19 score on EHCP eligibility criteria 	<ul style="list-style-type: none"> For average hearing loss 56 – 80 dBHL with a score of 23 - 24 on EHCP eligibility criteria. For average hearing loss 81 – 95 dBHL with a score of 20 - 23 on EHCP eligibility criteria. For average hearing loss 96 dBHL or greater 20 - 23 on EHCP eligibility criteria. 	<ul style="list-style-type: none"> For average hearing loss 56 – 80 dBHL with a score of 25 and above on EHCP eligibility criteria. For average hearing loss 81 – 95 dBHL with a score of 24 and above on EHCP eligibility criteria. For average hearing loss 96 dBHL or greater with a score of 24 and above on EHCP eligibility criteria.

Exceptional: Some children and young people may present with learning needs that require bespoke and/or specialist approaches that fall outside of the criteria above. Provision for these needs will be decided on an exceptional basis.

Sensory and/or Physical

Blind / Visual Impairment		
Significant	Severe	Profound
<p>Distance vision: Severe - generally 6/36 or less Snellen/Kay (LogMar 0.8)</p> <p>Fluctuating vision impairment. Functional severe loss due to Cerebral Vision Impairment or other visual factors such as visual field loss or nystagmus.</p> <p>Child or young person can see at 6 metres, what fully sighted pupils could see from 36 metres. Child or young person would be unable to work from a white board in the classroom without human/technical support.</p>	<p>Distance Vision: Generally, 6/60 or less with Snellen/Kay (LogMar 1.0)</p> <p>Child or young person can see at 6 metres, what fully sighted pupils can see from 60 metres. Child or young person would be unable to work from a white board in the classroom without human/technical support. Communication and interaction, social and emotional wellbeing will be additional factors which may have an impact on the child or young person's development.</p>	<p>Near Vision: Children and young people have profound vision impairment Functional profound loss due to Cerebral Vision Impairment or other visual factors such as visual field loss or nystagmus. Requires N36 to read print at 33 cms or cannot read N36 at 33 cms. Very limited useful vision for educational purposes/braille user.</p> <p>Very limited useful vision for educational purposes/braille user. Will be using text at or above N36. N36 is equivalent to WORD Arial font size 36. Materials will require significant differentiation and modification. Teaching will require specific approaches. Some children and young people may begin to learn braille to access some text and use some print. Some children and young people may learn by tactile (e.g. braille) and auditory methods.</p> <p>Communication and interaction, social and emotional wellbeing will be additional factors which may have an impact on the child or young person's development.</p>
or		
<p>Near vision: Severe (generally within the range of N24)</p> <p>Fluctuating vision impairment. Functional severe loss due to Cerebral Vision Impairment or other visual factors such as visual field loss or nystagmus.</p> <p>Will need print sizes generally N24 and the equivalent sized detail in pictures. This will require significant differentiation and modification. N24 is approximately font size 24 in WORD Arial.</p>		
<p>Where there is clinical evidence of vision difficulties an Early Help Assessment may be requested. Then a functional vision assessment by a TVI can be carried out. This may lead to a TAC/F.</p>		
<p>Exceptional: Some children and young people may present with learning needs that require bespoke and/or specialist approaches that fall outside of the criteria above. Provision for these needs will be decided on an exceptional basis.</p>		

Sensory and/or Physical

Physical / Medical

Significant	Severe	Profound
<p>Medical condition that seriously impairs limb movement, strength and coordination. May affect balance, coordination and development. May need to use aids to support mobility e.g. walking frames, manual or powered wheelchair requiring supervision and support.</p> <p>May be independent with transfers between pieces of equipment/furniture/toilet requiring adult supervision only or may require adult support with developing independence with transfers.</p> <p>May also use an aid to toilet, e.g. catheter or stoma, requiring adult support with toileting and developing independence.</p> <p>Child/young person may require support with P.E. and/or other practical aspects of the curriculum</p> <p>May affect arm/ hand function, impacting on manipulative skills, independence, self-care, recording and access to practical subjects. Speech production may also be affected. May need some practical and/or technological support to assist with communication - verbal and/or written.</p> <p>Medical condition may also be impacting on social development. Child/young person may also be showing signs of some anxiety as result of their physical disability/medical condition, impacting on their emotional wellbeing - this may be despite them making academic progress.</p> <p>Child/young person may also experience some episodes of fatigue.</p>	<p>May be a wheelchair user requiring adult support to move around environment and transfer between pieces of equipment/furniture/toilet, requiring support with most self-care tasks, access to P.E. and other practical areas of the curriculum. Child or young person may also use an aid to toilet, e.g. catheter, requiring continuing adult support with toileting where independence in this area is limited. Child/young person may need nutritional support, e.g. requires a gastrostomy/nasogastric tube feed in school.</p> <p>Medical condition may have a long-term impact on language acquisition and speech production.</p> <p>May be accessing increased use of technological support and/or alternative methods to assist with communication - verbal and/or written.</p> <p>Child/young person requires therapy and/or medical interventions in school.</p> <p>Medical condition impacts on social development and relationships.</p> <p>Physical disability/medical condition and/or school experience, may be impacting on child/young person's emotional wellbeing.</p> <p>Child/young person may experience levels of fatigue that vary throughout the day/week.</p> <p>Child/young person may also have additional identified needs which compound the barrier to learning.</p>	<p>Complex physical disability and/or a serious medical condition affects quality of life and requires a high level of adult supervision and support to maintain safety.</p> <p>Child/young person will have persistent difficulties in the acquisition of language, literacy and numeracy skills.</p> <p>Complex physical disability requires support for all personal care, mobility, movement, transfers and daily routines.</p> <p>Child/young person may use an aid to toilet, e.g. catheter, requiring ongoing adult support with toileting.</p> <p>Child/young person may need nutritional support e.g. requires a gastrostomy/nasogastric tube feed and hydration support in school.</p> <p>Requires medical input, therapy, interventions and support.</p> <p>Child/young person may be reliant on the use of assistive technology and/or alternative methods to assist with communication - verbal and/or written.</p> <p>Medical condition affects social development, impacting on peer relationships leading to concerns about social isolation, and/or vulnerability within the setting and wider environment. Physical disability/medical condition and/or school experience, may be impacting on child/young person's emotional wellbeing.</p> <p>Child/young person may experience levels of fatigue that impact on lessons and activities.</p> <p>Child/young person may also have additional identified needs which compound the barrier to learning.</p>

Exceptional: Some children and young people may present with learning needs that require bespoke and/or specialist approaches that fall outside of the criteria above. Provision for these needs will be decided on an exceptional basis.

Sensory and/or Physical