

## Supporting Children in Modern Foreign Language Lessons when they have Special Educational Needs

Modern Foreign Language classes lend themselves particularly well to SEN-friendly teaching strategies, such as the use of repetition and adopting a multi-sensory approach. For example, our curriculum makes use of music and repetitive rhythms to practise counting and new grammar structure, fun classroom activities that can boost confidence and memory. From flashcards to video-clips, there are a range of audio, visual and even kinaesthetic styles that lend themselves well to MFL teaching, thus boosting the chances of success and enjoyment of those children with SEN.

And, perhaps most importantly, in the words of Olivia Bevan (Linguasing), “the study of MFL may lead children to recognise that diversity is a matter for respect and celebration in a world of multiple cultures and languages. In a world where many SEN children grow up feeling different to and isolated from their peers, MFL can act as a reminder that the world is a much bigger, beautiful, and diverse place than we perhaps first taught”.

	<b>Provision / Adaptation</b>
<b>1.1 SLCN</b>	<p>1.1a All staff to be aware of any specific child’s communication difficulties, eg selective mutism or slow processing.</p> <p>1.1b Whole-staff awareness of the level of language the child is using and use a similar level to ensure they understand.</p> <p>1.1c Whole-staff awareness that we should not hurry or interrupt a child, but give them time to speak. Reduce the number of questions asked and give time to answer – typically 10 seconds. When appropriate, give child pre-warning, and time to compose answer or input.</p> <p>1.1d If asking questions in front of the class consider using closed questions the child can answer.</p> <p>1.1e Staff awareness to slow down our own speech, and pronounce clearly.</p> <p>1.1f Simplify language by breaking long sentences into short ideas and ensure language is clear, unambiguous and accessible for the child.</p> <p>1.1g Give a clear language model and expand what the child is able to say by repeating words back correctly without pointing out errors.</p> <p>1.1h Provide good communication role models, adults and other children for child to mirror</p> <p>1.1i Respond positively to any attempt made at communication – not just speech.</p> <p>1.1j Listen very carefully as the child may be embarrassed to repeat especially in front of a group or class.</p> <p>1.1k Instructions are given clearly and reinforced.</p> <p>1.1l Provide opportunities to communicate in a small group the child finds comfortable.</p> <p>1.1m Provide a low distraction / quiet environment so the child can focus in communication when other children are in louder discussion.</p> <p>1.1n Create a relaxed, friendly environment with opportunities for child to talk when not noisy.</p> <p>1.1o Staff awareness of children who need visual and picture communication systems, eg spot timers, boundary crosses, Now and Next boards. Resources to be personalised to child’s understanding and needs.</p> <p>1.1p Use range of signs, symbols and visual timetables to aid communication for children with general communication difficulties.</p> <p>1.1q Provide a visual guide to the lesson, eg. check list, pictures</p> <p>1.1r Staff to provide visual displays (objects, artefacts and pictures)</p> <p>1.1s Provide lots of repetition of activities and particularly vocabulary</p> <p>1.1t Use non-verbal clues to reinforce spoken word - eg: gesture, facial expression, body language</p> <p>1.1u Regularly check understanding</p> <p>1.1v Key words to be written up with meanings/visual aids.</p>

	<p>instructions are given clearly and reinforced</p> <p>1.1w For children who are unable to speak eg those with selective mutism, ensure other ways their knowledge and understanding can be shared, eg via written notes/ small whiteboard, picture symbols to hold up etc. In the case of younger children and others who are unable to write, give them time and resources so they can eg point to pictures/ symbols, choose "Which one is correct?" (eg in phonics and maths), sequence pictures etc to share their knowledge and understanding.</p> <p>1.1x Ensure all adults are aware of their role in supporting learners to contribute to lessons.</p> <p><b>Additional MFL Specific</b></p> <p>Use more frequent repetition to support children to make progress. Smaller steps, tailored outcomes. Repetitive rhymes and rhythmic learning. Provide word banks linked to each topic. Use visual instructions alongside short, chunked verbal instructions for tasks. Provide context, eg real-life video clip scenarios.</p>
<p><b>1.2 ASD</b></p>	<p>1.2a All staff to understand that it may take time for children with ASD to gain confidence, get used to routines and expectations, and form trusting relationships.</p> <p>1.2b Make learning accessible, with differentiation as necessary. When appropriate, incorporate child's own interests.</p> <p>1.2c Ask the child where they are most comfortable sitting, and avoid changing seating plans without consulting. Be aware that movement breaks might be necessary for some children. Some children might need to rest against something solid during carpet time, or remain seated in a chair.</p> <p>1.2d Consider giving instructions using tick lists and pictorial instructions, break down tasks into chunks.</p> <p>1.2e Avoid over use of open-ended questions as they may not be focused enough to enable the child to give a response.</p> <p>1.2f Give time to process information and avoid putting the child on the spot by asking questions publicly, unless you know they are comfortable.</p> <p>1.2g Use unambiguous, simple language, and limit use of idiom.</p> <p>1.2h Provide some pre-teach as necessary, including vocabulary, structure or starting ideas.</p> <p>1.2i Provide tangible, hands-on resources.</p> <p>1.2j With younger children when possible, incorporate key vocabulary and learning objectives into play activities, repeatedly, in a range of contexts.</p> <p>1.2k Use visuals and structured tasks, incorporating child's interests where possible</p> <p>1.2l Some children might need Choice Boards, Task Management Boards, Spot Timers, and other visual devices in order to manage to access learning tasks.</p> <p>1.2m If helpful and age appropriate provide a clear sequence of lessons in advance</p> <p>1.2n Prepare child for and staff for what is coming next and what is the focus of learning for the lesson</p> <p>1.2o Allow use of speech to text technology, or allow child to present work in an alternative format when appropriate, so there is less writing (unless this contradicts their learning needs).</p> <p>1.2p Understand that the child is likely to experience sensory processing difficulties where they may be either over-responsive or under-responsive to sensory stimuli. Staff to have knowledge of child's individual sensory profile and the provision in place to support their sensory needs.</p> <p>1.2q Allow child to have planned and unplanned sensory breaks in a break out space and/ or fiddle toys in class.</p> <p>1.2r Be aware that child's social and emotional needs might require them to have extra adult input during a lesson, if a social misunderstanding or difficult emotional situation needs addressing, eg via referencing a social story, discussing a feelings chart.</p> <p>1.2s Be aware that the child may have rigid expectations of the structure of a lesson and changes may cause anxiety</p> <p>1.2t Understand that the child may struggle to work in a group, and on their own, due to communication difficulties.</p> <p>1.2u Be aware that the child uses a lot more energy coping with the day, so completing homework may be a challenge.</p>

- 1.2v Ensure the child understands how to do homework, support them to do the homework in school or give less homework.
- 1.2w Make sure it is clear exactly what is expected how long they should spend on the task and provide a clear deadline.
- 1.2x Pre-warn of any changes to the normal school day – visits, visitors, supply teachers, fire drills etc

**Additional MFL Specific**

Pre-teach and use of both visuals and film clips to make subjects more accessible. Give clarity of what you want that lesson's learning to be. Scaffold if necessary what might be a distraction. Use more frequent repetition to support children to make progress. Smaller steps, tailored outcomes. Provide word banks linked to each topic. Use visual instructions alongside short, chunked verbal instructions for tasks. Awareness that some children might need opportunities to work quietly with less aural input, eg headphones on for part of lesson and learning via structured, repetitive writing of key vocab and phrases, rather than joining in noisy class songs.

**1.3 Tourette's Syndrome**

- 1.3a All staff to be aware of common vocal tics, including: coughing, grunting, sniffing, throat clearing, shrieking, whistling, spitting, animal sounds and echolalia (repeating others' words or phrases).
- 1.3b All staff to be aware of common motor tics are, including: neck jerking, eye blinking (excessively or in an unusual pattern), echopraxia (imitating actions of others) self-injurious behaviours involving touching, biting, hitting, pulling out eyelashes/hair, smelling/sniffing things.

	<p>1.3c All staff to be aware that tics can be triggered, or increased by stress, excitement or relaxation. Staff should therefore filter out personal emotional reaction and instead listen and respond with support and understanding</p> <p>1.3d If appropriate, staff are aware that ignoring tics avoids drawing any unnecessary attention</p> <p>1.3e Staff are aware that it is unhelpful to ask child to stop tics. They are involuntary. Being asked to suppress them is stressful and will cause the child to tic more. In general, avoid asking the child not to do something. It may become the very thing they have to do and turn into a new compulsion. Occasionally, and if acting on a professional support plan for an individual child, it might be appropriate if the child is getting distressed by his/ her ticks for a TA to comment on tic sensitively and suggest alternative movement or action (eg "You're rolling your neck again, look down at your knees and tap them two times instead." Or, "You're making that Brrrr noise. Take three deep breaths in and out").</p> <p>1.3f. All staff to be aware that the child may have a poor attention span, fail to complete tasks, be easily distracted, appear unable to listen, fidgety and impulsive.</p> <p>1.3g Provide a structure (schedule/tick list) to assist with planning, organisation, time management and initiation of tasks.</p> <p>1.3h All staff to be aware that because Tourette Syndrome can be suggestible, if classmates discover 'the trigger', they may use this to prompt the tic. Sensitive understanding to be encouraged, via building of whole-class inclusive ethos – specific sessions if need be.</p> <p>1.3i Staff to be aware that sensory processing difficulties can make tics worsen, ie where a child may be either over-responsive or under responsive to sensory stimuli like noise, clothing, textures. Understand child's sensory profile and the provision in place to support their sensory needs.</p>
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<p><b>2.1 MLD; SLD; PMLD</b></p>	<p>2.1a Provide differentiated work, broken down into small tasks and/ or chunks</p> <p>2.1b Give time to consider questions, process and formulate answer. Slow down and/or reduce the number of words that used.</p> <p>2.1c Plan self-checks, or that an adult checks in, at each stage of task with use of a tick list.</p> <p>2.1d Use visual timetables and prompt cards with pictures to remind the child what they need to do to complete the task.</p> <p>2.1e Provide word bank with key vocabulary and check understanding.</p> <p>2.1f Provide key words with pictures/symbols to aid memory.</p> <p>2.1g Provide a writing frame to help structure work.</p> <p>2.1h Keep written information simple and highlight key information.</p> <p>2.1i Understand that the child may struggle with visual and auditory memory for information, processes and instructions – check understanding of questions and tasks before they begin and re-focus and check understanding during task.</p> <p>2.1j Understand that if off task, it is likely that they do not understand what is expected not because they haven't listened.</p> <p>2.1k Use structured questioning and support by scaffolding a response.</p> <p>2.1l Make a mind map or other visual representation of what they already know and use as a starting point to teach next steps.</p> <p>2.1m Demonstrate and model tasks physically alongside verbal instructions, when possible.</p> <p>2.1n Repeat information in different ways, varying vocabulary, check understanding and if they didn't understand what has been said, rephrase it.</p>
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	<p>2.1o If in line with IEP and or EHCP, consider giving the child with a work partner.</p> <p>2.1p Understand that the child may find personal organisation difficult - support by providing clear instructions for homework (including clarity for when it's due in) and a list of equipment for each lesson, which may need to be visual.</p> <p>2.1q Give a manageable number of instructions to the child - be aware of possible difficulties with sequencing which can often cause confusion if too many instructions are given at once.</p> <p>2.1r Keep instructions simple and provide a (possibly visual) checklist.</p> <p>2.1s Be aware that the child may appear immature and find it difficult to mix with their peer group. Support this by arranging paired working or group work if in line with IEP or EHCP.</p> <p>2.2t Be aware that the child may appear needy with an over-reliance on adult support. Promote independence by focusing on making the curriculum accessible.</p> <p>2.2u Give specific, targeted praise to the individual and focus around the task and elements of IEP or EHC.</p> <p>2.2v Split task / learning activity into short chunks to allow for processing and opportunity for embedding the key components of the learning.</p> <p>2.2w If in line with IEP or EHCP, utilise stories adapted to make remembering the learning easier, for example through storyboards.</p> <p>2.2x Provide alternative ways to record their ideas such as audio and / or visual, mind maps, bullet point lists, storyboards.</p> <p>2.2y Re-cap previous learning to enable working memory, possibly using a chart to build up each week's key learning visually.</p> <p>2.2z Consider use of visual aids from previous relevant learning.</p> <p>2.2aa Present information in a visual form with only the key information for the learner to remember</p> <p>2.2bb Scaffolded work through use of writing frames.</p> <p>2.2cc New vocabulary selected for the key words and explicitly taught in pre-teach.</p> <p>2.2dd Give concrete, practical example of what you want the child to do / produce.</p> <p><b>Additional MFL Specific</b></p> <p>Allow more time and multiple chances to repeat small pieces of learning, eg vocabulary acquisition, key phrases. Smaller steps and tailored outcomes. Pre-teach and the use of both visuals and film clips to make subjects more accessible. Use more frequent repetition to support children to make progress. Smaller steps, tailored outcomes. Use visual instructions alongside short, chunked verbal instructions for tasks.</p>
<p><b>2.2 Dyslexia</b></p>	<p>2.2a Check reading ability and barriers of individual pupils and ensure work is differentiated accordingly.</p> <p>2.2b Ensure written instructions are short and simple to read.</p> <p>2.2c Avoid too much text on the page and avoid clutter</p> <p>2.2d Use pastel shades of paper and matt paper which to reduce 'glare'.</p> <p>2.2e Avoid black text on white background / light text on dark background.</p> <p>2.2f Many dyslexic learners prefer text at font size 12 or above and fonts which are clear and rounded with a space between letters eg: Tahoma, Arial or Verdana.</p> <p>2.2g Use 1.5 or double line spacing and wide margins and lower case rather than capital letters.</p> <p>2.2h Use numbered or bullet points rather than continuous prose.</p> <p>2.2i Keep paragraphs short – dense text blocks can be harder to read.</p> <p>2.2j Understand that the use of background graphics with text over the top can be visually confusing.</p> <p>2.2k Consider using text boxes or borders for headings and to highlight key text.</p> <p>2.2l Know that for some learners, underlining and italics makes words 'run together'.</p>

<p><b>Working Memory</b> (NB Up to 10% of all children have working memory issues. Up to 50% of dyslexic children also have working memory issues.)</p>	<p>2.2m Use bold text for titles &amp; sub-headings or to draw attention to important information or key vocabulary.  2.2n Colour-code text – for example, information in one colour, questions in another.  2.2o Include flow charts, illustrations and diagrams to break up large sections of text or to demonstrate a particular procedure.  2.2p Ensure that the child can understand data, charts and diagrams and that these are adapted if necessary with irrelevant information removed.  2.2q Leave an appropriate space for response – this may be much larger than for peers.  2.2r Provide additional support for the child to learn, understand and retain key vocabulary.  2.2s Read through questions and check understanding with the child.  2.2t Ensure all staff, including supply staff, are aware the child be uncomfortable reading aloud or in front of a group  2.2u All staff to be aware that it may help to use a ruler, finger, coloured transparency ruler, typoscope or overlay to track words. Check child has own preferred resources available.  2.2v All staff to be aware the child may use text to speech technology.  2.2w Limit amount of text child needs to copy from board, and generally.</p> <p><b>Working Memory:</b></p> <p><b>2.2x</b> Re-cap of previous learning to enable working memory; when appropriate, use a chart to build up each week’s key learning visually; re-teach main aspects of previously taught lessons with key information; learning presented in small chunks; access visual aids from previous relevant learning; present information in a visual form with only the key information for the learner to remember.  <b>2.2y Processing time:</b> Time to talk through ideas and concepts; time for recall; repeat instructions using the same language.  <b>2.2z New vocabulary:</b> Word mats with pictorial aids; written prompts; stories presented in alternative styles, for example cartoons, storyboards; Exaggerate new vocabulary by separating syllables; mnemonics.  <b>2.2aa New vocabulary:</b> Talk partners; Dual coding; draw concepts;  Coloured overlays (also think about the colours of any IWB presentations); larger font  <b>2.2bb Sequencing:</b> Repeat instructions and information; sequencing frames, written scaffolding  <b>2.2cc Recording:</b> Alternative methods of recording information including audio/visual to ensure key concepts are recorded; paired writing.</p> <p><b>Additional MFL Specific</b>  Greater use of visuals, and video clips. Focus on repetitive speaking practice. Less written work expectation. Allow child more access to repetitive speaking and listening practice to build up their vocab acquisition and grammar practice. Provide picture-supported word banks linked to each topic. Use visual instructions alongside short, chunked verbal instructions for tasks.</p>
<p><b>2.3 Dyspraxia</b></p>	<p>2.3a Consider alternatives to writing – word processors, Dictaphones, ipad videos, speech to text technology.  2.3b Understand the child will need a large space to work in, when possible.  2.3c Understand that the child may need to use special equipment eg:. looped scissors, rulers with handles etc and has access to these when needed.  2.3d Provide lesson breakdown tick list to help child organise time.  2.3e Write instructions out for the child, using different colours for each line.  2.3f If the child finds dictation or copying overly challenging, pre-prepare diagrams where they can add more minimal text.</p>

	<p>2.3g Provide pre or part-prepared handouts and lists of key concepts or vocabulary.</p> <p>2.3h Give an equipment list and encourage child to only gather necessary equipment.</p> <p>2.3i Clarify rules and expectations, using unambiguous language.</p> <p>2.3j Inform child if plans are likely to change from the norm including change of staffing, timing, expectations, tests etc.</p> <p>2.3k Allow extra time to complete work, with movement breaks when needed and don't keep child in school at break time.</p> <p>2.3l If appropriate, allow child to move around whilst working, and ensure other pupils understand.</p> <p>2.3m Allow child time to settle in the classroom.</p> <p>2.3n When appropriate, allow child to stand up when handling equipment.</p> <p>2.3o Demonstrate how to handle equipment until internalised and repeat as necessary.</p> <p>2.3p Break down activities into components and teach separately, ensuring understanding and competence. Repeat in future lessons as necessary</p> <p>2.3q In some cases where it might be beneficial, allow child to pack up and leave lessons early to avoid busy corridors.</p> <p>2.3r Provide child and parents with suitable time limits for homework.</p> <p>2.3s In most cases, do not ask the child to go first – many children are likely to pick up cues from peers about what is needed</p> <p>2.3t When appropriate, pair up with a peer who is competent at task and with whom the child is comfortable</p> <p>2.3u Don't draw attention to any awkwardness of movements or challenges with the task</p> <p>2.3v All staff to be aware that performance may deteriorate during the lesson due to tiredness.</p> <p>2.3w Some children might require specialist equipment, eg wobble cushion and sloping desks.</p> <p>2.4x Sitting on the carpet for Listening Times might also be an issue. Some children find it helpful to lean against a wall or table leg, or younger children might be more focused if leaning against a TA for these times (see individual IEPs).</p> <p>2.5y Preparation activities prior to written work, eg resistance pushes against wall, or hands together; wriggling fingers or "playing piano" on table; pulling rolls of tissue paper.</p>
<p><b>2.4 Dyscalculia</b></p>	<p>2.4a Use concrete manipulatives such as Numicon, counters, Geo-boards, place value cards, bead strings, dice, Multi-link, Base 10, Unifix, dice etc.</p> <p>2.4b Use visual reference aids, such as number-lines, 100 squares, times table facts, printed vocabulary</p> <p>2.4c Use kinaesthetic and visual teaching strategies such as drawing, building, demonstrating and modelling.</p> <p>2.4d Provide hand-on activities with clear instruction around language and vocabulary.</p> <p>2.4e Be aware that the child may have to repeat the activity many times to internalise and remember – pertinent for number bonds, times tables etc. Use of frequent, repetitive Precision Teaching, with awareness that key knowledge might appear "got", then forgotten.</p> <p>2.4f Be aware that the child may shut down and use avoidance strategies if anxious - scaffold and support to break this cycle.</p> <p>2.4g Avoid time pressure when possible; consider untimed tests to assess understanding.</p> <p>2.4h Provide lined paper / graph paper / squared paper as appropriate to the child to help organise thoughts for complex procedures such as long division.</p> <p>2.4i Use highlighters and coloured pens to colour code operations, eg addition = amber, subtraction = sky blue.</p> <p>2.4j All staff to be aware that the child may not know when they have made an error when copying numbers or writing dictated numbers – staff to check for the child.</p> <p>2.4k If possible, allow or encourage the child to communicate answer in alternative ways such as in a diagram or by using manipulatives.</p> <p>2.4l Ensure that the child has enough time to practice and internalise key knowledge such as number bonds, place value.</p> <p>2.4m Provide scaffolding and model scaffolding of key ideas if organising of ideas is challenging</p> <p>2.4n Adapt tables, data etc and support and check understanding, recapping frequently to check understanding is maintained</p> <p><b>Additional MFL Specific</b></p>

	Be aware of potential difficulties when dates and numbers are learnt in French lessons (or other MFL). Children might not see the “pattern” as they make sense of number sequences. Consider colour coding the repeated part of numerals (eg “vingt et...”) Provide visual representations and quantities alongside numerals.
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<p><b>3.1 Trauma</b></p>	<p>3.1a Ensure all staff (including supply staff) understand behaviour in the context of past experiences (without breaching confidentiality/ GDPR).</p> <p>3.1b Provide a non-confrontational, trauma informed approach with a discreet, understanding and reassuring approach which is understood and applied by all adults.</p> <p>3.1c If appropriate to the individual child, consider slowing speech to appear non-threatening: talk slower, use a lower pitch, don’t use complex sentences, don’t use lots of body movements.</p> <p>3.1d Teach and model positive self-talk to encourage self-belief. Link in frequently to EMERGE.</p> <p>3.1e Encourage the child to see that making a mistake is a part of learning (links to EMERGE again) and that mistakes will not incur anger or punishment from adults or peers.</p> <p>3.1f Utilise opportunities for humour and laughter as appropriate (with staff awareness that laughter generally reduces the traumatic response in the brain).</p> <p>3.1g Provide a predictable environment with clear expectations for behaviour and structure at all times during the school day – be aware that times outside of the classroom (break, lunch, toilet, library, PE etc) may be harder to manage.</p> <p>3.1h Ensure all staff are aware of specific IEP/ EHCP content, and know how to support and coach the child ways to calm themselves and manage emotions. Ensure all staff are aware of strategies for de-escalation when needed.</p> <p>3.1i Ensure all staff know how to help the child to settle when something triggers an emotional outburst. When the child is escalating, ensure staff attempt to connect with what they are feeling.</p> <p>3.1j Provide a breakout space for when the child is feeling overwhelmed or emotionally dysregulated.</p> <p>3.1k Ensure all adults are modelling active listening and demonstrating empathy at all times when interacting with the child.</p> <p>3.1l Use the 10:1 rule when interacting with the child - ratio of positive to negative statements for traumatised children</p> <p>3.1m Be aware that an individual IEPs / EHCPs might advise that staff can actively ignore certain negative behaviour if not a danger. Ensure all staff are aware and understand if this the aim.</p> <p>3.1n Have consistent expectations and behaviour plans that are based on reward systems rather than punishment, but ensure boundaries and sanctions are clear.</p> <p>3.1o Use collaborative problem solving to allow for some control.</p> <p>3.1p Allow access to exercise through regular movement breaks and rests from learning.</p> <p><b>Additional MFL Specific</b></p> <p>Create a culture where children are praised for what they can do in French lessons, and where they feel safe and confident to try, and to say they don’t understand. Be aware that much language learning references personal details and experiences, eg vocabulary for family members. Be aware of any potentially sensitive topic areas or video clip content. Prepare and support the child eg with reassurance that they won’t be asked direct questions. Adapt lessons so that content and contributions can be impersonal (one example might be talking re fictional families like the Simpsons rather than the children’s own).</p>
<p><b>3.2 ADHD</b></p>	<p>3.2a All staff should employ a non-confrontational approach, valuing and listening to the child to help reduce heightened arousal, lead to</p>

<p>Ensure clarity of aims within IEP or EHC are not in conflict with curriculum adaptations.</p>	<p>better behaviour, and help the child remain in control.</p> <p>3.2b Reward the child immediately upon task completion, with tangible rewards (tokens, stickers, certificates) to reinforce positive behaviour. Ask which rewards they would like.</p> <p>3.2c Be aware that rules are important to the child as they provide structure and predictability, but that they need be sensitively but consistently implemented and reinforced. School rules are likely to need differentiation and all staff to be informed.</p> <p>3.2d Be aware that the child may have a hands-on, kinaesthetic learning style and prefer teaching methods which meet their need for activity</p> <p>3.2e Consider using a timer to engage, focus attention, and help the child deal with unwanted transitions.</p> <p>3.2f Be aware that the child may have a 'time-out' card. Staff will need to help the child take responsibility and learn when to use it.</p> <p>3.2g Ensure instructions are delivered clearly and step by step. Ask the child to repeat or have them written on a prompt sheet.</p> <p>3.2h Encourage them to take notes or use other memory aids.</p> <p>3.2i Encourage the use pictures or diagrams for thoughts and ideas.</p> <p>3.2j Use subtle, visual cues agreed in advance to remind the child when they are off task or behaviour is inappropriate</p> <p>3.2k Be aware that listening to music on headphones while engaging with tasks might help focus attention.</p> <p>3.3l Be aware that it may be helpful for the child to sit at the end of a row or the back the classroom to minimise distractions, but that this should never be seen as a punishment or a way of isolating the child</p> <p>3.3m Offer fiddle toys, or a flexi-band on chair to allow appropriate fidgeting/ movement, and help with concentration.</p> <p>3.3n Allow a calming-down period on entry to the classroom</p> <p>3.3o Allow time limited movement breaks or breaks from learning to release excess energy – this could include giving an active 'job' to do.</p> <p>3.3p The child may be very impulsive, so raise awareness of potential danger when using equipment in practical lessons.</p> <p>3.3q Be aware that paired working, or support from a role-model, can help some children focus.</p> <p>3.3r Understand that the child may struggle in group work if they are unable to read signals and cues for successful communication.</p> <p>3.3s Consider standing desks, if appropriate and recommended in IEP/ EHCP.</p> <p>3.3t Offer small chunks of information, with key concepts in pictorial form.</p> <p>3.3u Re-cap on previous learning to help organise thoughts before the lesson.</p> <p>3.3v Offer small tasks to ensure success.</p> <p>3.3w When possible, offer practical activities so that the child can remain physically active where possible.</p> <p><b>Additional MFL Specific</b></p> <p>Short tasks, and games that require frequent moving and actions. Interactive songs and film-clips. Pre-teach and the use of both visuals and film clips to make subjects more accessible. Use more frequent repetition to support children to make progress. Smaller steps, tailored outcomes. Use visual instructions alongside short, chunked verbal instructions for tasks.</p>
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<p><b>3.3 Anxiety</b></p>	<p>3.3a Be aware that anxiety will often also accompany many SEND.</p> <p>3.3b Get to know the individual child and build up a trusting relationship. Staff need to learn what it looks like how a particular child manifests symptoms when in a heightened state of anxiety – they may be particularly quiet, withdrawn, avoid eye contact, be tearful, shaky or they may show no outward signs at all.</p>
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<p>– Including Generalised Anxiety Disorder, School Phobia, Specific Phobias, Social Phobias and Obsessive Compulsive Disorder (OCD). Ensure clarity of aims within IEP or EHC are not in conflict with curriculum adaptations.</p>	<p>3.3c Ask the child where they are most comfortable sitting in class.</p> <p>3.3d Understand that child may like to avoid busy corridors, and not cope with crowds/ playgrounds because of noise, jostling and fear of being pushed over. Consider whether they could perhaps leave quietly and discreetly before or after others for break-times, lunch etc. Make alternative arrangements for breaktimes, as appropriate. This could be another area, if staffing allows, a quieter part of the playground, a “buddy” system, and whole-staff awareness.</p> <p>3.3e Be aware that it might be stated in a child’s IEP/EHCP that they may need a quiet and private place to eat and may not be able to eat in public.</p> <p>3.3f Monitor discreetly what the child has to eat or drink, as blood sugar levels drop, metabolic rate may increase and appetite might be suppressed causing weight loss.</p> <p>3.3g Understand that the child may not feel confident to change in front of others or feel able to perform.</p> <p>3.3h All staff know that if the child has a “Help Card”, they can use it to go somewhere safe and where they can calm down.</p> <p>3.3i There may be certain adults who children find challenging - this could be for many reasons and staff must not personalise. They may not be able to communicate this for fear of saying something wrong. When this is noticed, staff should adapt behaviour accordingly to make the child comfortable</p> <p>3.3j Be mindful of whether the child can cope with being asked questions in class, and know that this may vary day to day.</p> <p>3.3k Understand that the child may not be comfortable speaking in front of the class or a group</p> <p>3.3l Be aware that the child may not be able to use the school toilets or they may need to go only when the toilets are empty. Be aware that having access to toilets at all times is important and the child may be issued with a toilet pass or Help Card.</p> <p>3.3m Know that the child may struggle with new / supply teachers .</p> <p><b>Additional MFL Specific</b></p> <p>Create a culture where children are praised for what they can do in French lessons, and where they feel safe and confident to try, and to say they don’t understand. Smaller steps, tailored outcomes, in order to offer success and increase self esteem and engagement. Awareness that some children might need opportunities to work quietly with less aural input, eg headphones on for part of lesson and learning via structured, repetitive writing of key vocab and phrases, rather than joining in noisy class songs.</p>
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<p><b>4.1 Hearing Impairment and/or multi-sensory impairment</b></p> <p>DO NOT CONSIDER AS APPROPRIATE FOR ALL CHILDREN WITH A HEARING IMPAIRMENT AND ALWAYS BE AWARE OF THE MEDICAL NEEDS OF THE CHILD AND TAKE ADVICE</p>	<p>4.1a Consult with parents and talk to the child about where they would like to sit, and any other considerations needed.</p> <p>4.1b If the child wears a hearing aid, check discreetly that it is worn.</p> <p>4.1c Be aware of possible hearing loss in one ear only and seat the child with good ear facing outwards into the classroom.</p> <p>4.1d Be aware that even if hearing loss is partial, the child may be reliant on lip reading and gesture to understand.</p> <p>4.1e Be aware that for most children, it is advisable to sit toward the front of the classroom with an unobstructed line of vision. Assist with lip-reading by having the child sit directly opposite you.</p> <p>4.1f Discreetly check in regularly to check hearing and understanding.</p> <p>4.1g Ensure that any background noise is minimised.</p> <p>4.1h Repeat clearly any questions asked by other students in class before giving a response as they may not have been heard</p> <p>4.1i Do not speak when facing the board. Be aware that face-masks, beards, hands, books or microphones can add to difficulties when lip-reading.</p>
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<p>FROM THE SCHOOL NURSING SERVICE AS APPROPRIATE</p>	<p>4.1j In group work, assist with lip-reading by having the child sit directly opposite the adult leading, and ensure that they can see anyone else who is talking. Control any discussions so that only person speaks at a time.</p> <p>4.1k Any videos or films used should be captioned. When impossible, find alternative ways for the child to access the information.</p> <p>4.1l Be aware that it is difficult to also take notes from a whiteboard or write whilst others talk, so provide written material to supplement all lessons.</p> <p>4.1m Announcements made regarding class times, assemblies, homework etc should be given in writing as well as verbally.</p> <p>4.1n Share the lesson if child uses a laptop and allow use of headphones to use built-in assistive technology.</p> <p>4.1o Read out the child's work if requested.</p> <p>4.1p Be aware that hearing loss early in life may result in additional literacy issues, so the child may need support with reading and interpreting information.</p> <p><b>Additional MFL Specific</b>  Emphasis on learning through visuals, eg vocabulary lists next to obvious, non-ambiguous pictures and diagrams. Visuals and written instructions and information to support teaching. Hone in on key learning for particular sessions, and provide scaffolded written tasks. Emphasise mouth movements and shapes to the whole class; mirrors provided.</p>
<p><b>4.2 Visual Impairment and / or Multi-Sensory Impairment</b></p> <p>DO NOT CONSIDER AS APPROPRIATE FOR ALL CHILDREN WITH A VISUAL IMPAIRMENT AND ALWAYS BE AWARE OF THE MEDICAL NEEDS OF THE CHILD AND TAKE ADVICE FROM THE VISUAL IMPAIRMENT / SCHOOL NURSING SERVICE AS APPROPRIATE. IF CHILD USES BRAILLE/ NEMETH, PROFESSIONAL TRAINING WILL BE GIVEN</p>	<p>4.2a Ensure the classroom is uncluttered.</p> <p>4.2b If the child is sensitive to light and glare, control the light in the classroom using blinds and consider sitting the child with back to windows and in a place which reduces the glare on surfaces.</p> <p>4.2c Be aware that the child may need to wear a hat, visors or sunglasses even when indoors.</p> <p>4.2d Be aware that the child may need more light and be positioned near natural light when possible.</p> <p>4.2e Be aware that the child may need to use a lamp. This should be placed behind shoulder on the opposite side of writing hand and/or the same side as stronger eye or as directed by health professionals.</p> <p>4.2f Provide high contrast objects and pictures if of benefit.</p> <p>4.2g Warn the child of changes in lighting as this can cause extreme eye strain and headaches.</p> <p>4.2h Be aware that many children will be able to read their own writing better using a thicker nib.</p> <p>4.2i Be aware that many children will benefit from work being magnified. Provide enlarged pictures, images, maps and print. The VI team should have assessed vision and recommended font size and typeface.  <a href="https://www.cornwall.gov.uk/schools-and-education/special-educational-needs/council-support-services/vision-support/">https://www.cornwall.gov.uk/schools-and-education/special-educational-needs/council-support-services/vision-support/</a></p> <p>4.2j Produce resources in the correct font size and type-face to allow access. Black &amp; white give the highest contrast – do not use dark colours together (like blue and green). Avoid using white &amp; grey with other light colours and avoid pastel colours next to each other.</p> <p>4.2k Avoid the use of red and green pens on the whiteboard.</p> <p>4.2l Be aware that the child may need a <a href="#">typoscope</a> when reading.</p> <p>4.2m Ensure the child wears any prescribed glasses to reduce visual fatigue.</p> <p>4.2n Staff must be sensitive to the possible need to work at close distances. Move the child closer to the object, such as sitting closer to the board or the object can be moved closer to the child, such as people getting closer when talking.</p> <p>4.2o Reduce visual clutter in the classroom and reduce the number of objects in the immediate working area.</p> <p>4.2p Allow breaks from work to enable the child to be visually focused for shorter periods of time and to prevent fatigue.</p> <p>4.2q Allow more time when visually exploring a material.</p> <p>4.2r Be aware that if the child has <a href="#">central visual field loss</a>, they may experience incomplete a central "blind spot" when looking and may</p>

	<p>not appear to make eye contact.</p> <p>4.2s Be aware child might have access to wide range of ICT support, so provide key lesson content in summarised, highlighted form, so they can for example have text-to-audio technology, or swipe large text across ipad screen etc.</p> <p>4.2t Be aware the child might require extra support during transitions, eg in lunch hall, in busy corridors, at breaktime. Read individual IEPs/EHCP for advice.</p> <p><b>Additional MFL Specific</b> Extra emphasis on spoken language. Ensure verbalising and much repetition of instructions. Allow recording device for opportunities for more verbal practise and personal listening. Much repetition and recap on key vocabulary and grammatical structure.</p>
<p><b>4.3 Toileting</b> If there is a diagnosed medical condition, there should be an <a href="#">Individual Healthcare Plan</a> – all staff should be familiar with this document. Intimate Care Plan. Please make sure that you are familiar with this document.</p>	<p>4.3a Be aware that toileting issues can be caused by a range of factors, including sensory differences and anxiety, as well as named medical conditions.</p> <p>4.3b Agree with staff, parents and the child the best system for allowing the child to leave and return to the classroom discreetly and without having to get permission whenever they need the toilet. This may be via a symbol card they show or hand signal they make, or a simple, unrelated object that they hand to an adult.</p> <p>4.4c Consider whether it might be necessary to sit the child close to the door so that they can leave the classroom discreetly.</p> <p>4.4d Appreciate that the child may arrive late for lessons.</p> <p>4.4e Be aware that they may need to take medication during school hours and/or need extra meal breaks.</p> <p>4.4f Be mindful of other students’ comments.</p> <p>4.4g Respect need for privacy – the pupil and parents should decide how much information is shared with staff and how much other pupils are told about the condition.</p> <p>4.4h. Be alert to psychological needs and relationships with other children. Allow the child to judge whether they are able to join in sport/ PE or after-school activities on a day today basis and maintain dialogue with pupil and parents.</p> <p>4.4i See notes specific to PE, right. Consider impact of exercise when child plays outside too. As stated, it is important to bear in mind that strenuous physical exercise can trigger an urgent need to go to the toilet or cause pains. Staff on duty to be extra aware and allow child in for extra toilet trips (and support if necessary).</p> <p>4.4j When a school trip is coming up, talk to the child and parents about needs and try and arrange to meet these, e.g. with an aisle seat at the theatre or cinema and using a coach with a toilet.</p> <p>4.4k If unwell consider giving child time to rest (rather than sending them home).</p>
<p><b>4.4 Multi-Sensory Impairment</b></p>	<p>See hearing and vision, above, plus any specific advice that would come from eg WRAPS team, occupational therapy specialists, medical needs service. See current Sensory Advice Programme for child with relatively mild, multi-sensory issues.</p>
<p><b>4.5 Physical Disability</b></p>	<p>Always be aware of the medical needs of the individual child, and take advice from the physical disability professionals/ medical needs services as appropriate.</p>