



Admissions Guidance for Specialist Provision

Guidance for admission to Hertfordshire special schools and specialist resourced provision in mainstream schools for children and young people with an Education, Health and Care Plan

2016

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Introduction

Developing the guidance

The guidance is a revised and updated version of the admissions guidance for specialist provision that was developed several years ago and has informed placement decisions since 2012. Since then there have been a number of significant changes, especially the implementation of the Children and Families Act 2014 which from September 2014 introduced new legislation for children and young people with special educational needs and disabilities. The Special Educational Needs and Disability Code of Practice: 0 to 25 years provides new statutory guidance.

The original admissions guidance for specialist provision was the result of partnership working between local authority officers, special school and mainstream school head teachers and specialist support services. The revised and updated version has involved similarly a range of different commissioners, specialist providers and others with relevant responsibilities within the county, including parent carer forum representatives.

The guidance is intended to give a broad framework for making decisions about the setting in which the special educational needs of an individual child or young person can be met most appropriately, taking into account the views and preferences of parents and the young person themselves.

The revised and updated guidance will replace the previous guidance and will be adopted to inform future placement decisions by provision panels. The guidance will be subject to periodic review as part of the authority's overall approach to developing its special educational needs and disability strategy.

Role of specialist provision in Hertfordshire

Hertfordshire special schools and specialist resourced provision in mainstream schools aim to:

- provide high-quality education and care for pupils and demonstrate expertise in working with pupils with complex learning difficulties, behavioural difficulties and sensory or physical impairments;
- ensure effective partnership working between specialist provision and mainstream schools, the wider community, and health and social services, to meet the needs of children and young people and their families in a holistic way;
- innovate in curriculum delivery and develop different ways of providing effectively for pupils with a range of special educational needs and disability;
- have high expectations of all pupils with special educational needs and disability to raise their levels of attainment and achievement;

The specialist provision made in special schools and specialist resourced provision in mainstream schools in Hertfordshire is part of a wide and diverse range of services and provision which the local authority and its health service partners make for children and young people with special educational needs and disability. Hertfordshire special schools in particular can offer a broad scope and variety of provision through their different designations and distinctive areas of expertise.

Placement of children and young people

Children and young people who are thought to require specialist provision, whether this is in a special school or specialist resourced provision in a mainstream school, will inevitably have significant and perhaps highly complex needs. The majority of children and young people with special educational needs are generally able to attend and have their needs met in their local mainstream school. Even for those with an Education, Health and Care Plan, mainstream school provision with additional support is the more likely arrangement. Those children and young people requiring specialist provision, although certainly not a homogeneous group, are characterised by a high level of vulnerability in an educational setting.

Hertfordshire special schools and specialist resourced provision aim to provide appropriate placements for children and young people with the most significant needs, who require a curriculum which is highly individualised to enable them to engage in learning at an appropriate level. To achieve this engagement in learning, smaller class sizes and high levels of staffing and expertise throughout the school are often required.

It is acknowledged there are overlaps between special school sectors in Hertfordshire. This overlap reflects to a large degree the right of parents to express a preference for a particular school and needs to be considered carefully as part of the placement decision. For some children and young people, the combination of their needs and current context requires a special school placement, at least for a period of time or as a flexible joint placement arrangement.

Placement process

The local authority is responsible for the decision to place a child or young person in a special school or specialist resourced provision in a mainstream school.

A provision panel with multi-professional membership considers individual children with an Education, Health and Care Plan where a specialist school placement is requested. The details of the terms of reference for the operation of provision panels are available separately and this guidance forms a key element of the operation of the panels.

Children and young people are only admitted to special schools and specialist resourced provision in mainstream schools if they have an Education, Health and Care Plan, or otherwise only in highly exceptional cases.

Review of special school placements

The annual review is the appropriate way in which parents, schools and the local authority review together an individual child or young person's progress towards meeting the outcomes specified in the Education, Health and Care Plan. As part of the annual review the details of the child or young person's current placement will be discussed and parents may wish to discuss the appropriateness of placement in a specialist provision. This document is designed to help teachers inform parents about the potential suitability of options they may consider appropriate and require consideration.

For some children and young people, following their annual review, a transfer to a different type of special school or specialist resourced provision or transfer to a mainstream school might be appropriate. Where the rate of progress is significantly greater than peers, then particular attention will be paid to the appropriateness of the placement at the next annual review meeting.

For other children and young people, it is appropriate for them to continue their education in the same type of specialist provision. The programme might involve, for some children and young people, time spent in another type of special school or a mainstream school. In these circumstances a dual placement can be arranged in the best interests of the child and where both settings agree.

It is important to note that consideration by the local authority of requests for specialist provision can only be made following informed expression of parental preference. Schools may wish to contact their named special educational needs officer for advice if they anticipate that a change of placement may be considered at the annual review.

Using this guidance

There is a separate section for each type of specialist provision in the guidance document. The levels and descriptors used in each section are provided as a broad indicator for making the decision about whether a child or young person would be appropriately placed in a specialist provision. This is especially important where the needs are less clear and where information might appear contradictory.

Levels obtained where children and young people have been supported, in line with the testing support arrangements published each year, can be used appropriately to assess a child's potential and curriculum entitlement. Arrangements for determining teacher assessment levels will ensure fair access for all children and young people and follow Hertfordshire guidance. Where evidence is incomplete or contradictory, further information or scrutiny will be requested by the panel.

Code of Practice areas of need: cognition and learning; communication and interaction

Schools for children and young people with learning difficulties (LD)

Children and young people will be attaining at a very low academic level compared to their peers, either because of a general learning difficulty or because of the impact of autism and/or severe speech, language and communication problems. The impact on functioning could be in terms of academic and/or social communication and interaction.

Children and young people placed in this type of special school will therefore have a primary need in the areas of learning difficulties (LD), autistic spectrum disorder (ASD) or speech, language and communication needs (SLCN). There will usually be associated secondary needs, such as behavioural and emotional or sensory and/or physical needs.

The following sections give a guide to the typical level of functioning in the three main areas of need which would make a child or young person suitable for placement in this type of special school. A child or young person may have the level of functioning described in one or more of these three areas, as defined by PLASC categories: LD, ASD and SLCN.

For placement in a secondary moderate learning difficulties school at Year 7, assessment levels refer to teacher assessments in Yr5 because these will feature in the annual review report used to inform the decision about secondary transfer placement. It is expected that some children and young people will be attaining higher levels by the time of secondary transfer.

Young people attending secondary-age schools will have access to a range of accreditation appropriate to their ability and the progress they have made in the school.

Typical levels of functioning:

Learning difficulties

In the main children with learning difficulties will be identified in the early years of school. Their general level of educational attainment will be considerably below that of their peers and they will have particular difficulties acquiring basic numeracy and literacy skills. Children and young people with learning difficulties may have additional special needs, for example, speech and language difficulties or difficulties relating to other pupils or adults.

Indicators will include:

- The child's attainment will be significantly below age related expectations.
- The child will require consistently differentiation of both the content and materials for the large part of the curriculum.

Where there has been standardised testing of cognitive functioning, children and young people will tend to be assessed as being at or below the 2nd percentile.

and/or

Autistic spectrum disorder

- Diagnosis of autism or multidisciplinary assessment of characteristics universally accepted as falling within the autism spectrum;
- Evidence of high and prolonged levels of anxiety and/or sensory sensitivity that are almost entirely preventing access to the mainstream classroom environment and which might manifest themselves in challenging behaviour, including withdrawn behaviour;
- Evidence of significant and prolonged difficulties in social communication and interaction;
- Poor receptive language skills, with performance often measured at or below 2nd percentile;
- A variable or inconsistent cognitive ability profile with attainment limited by the impact of the autism so that the child or young person is usually operating at the levels defined in the learning difficulties section above. However, there may be an area of particular strength, for example, mathematics or information communication technology, where a child or young person is achieving at a higher level.

and/or

Speech, language and communication needs

- Expressive and/or receptive language at or below 2nd percentile;
- A variable or inconsistent cognitive ability profile with attainment limited by the impact of the speech and language difficulties so that the child or young person is operating at the levels defined in the learning difficulties section above. However, there may be areas of particular strength, for example, mathematics and science, where a child or young person is achieving at a higher level;
- Speech and/or language skills considerably below the level of non-verbal skills, as indicated by standardised assessment or by the in-school formative assessment of the child's speaking and listening abilities.

Many children and young people will demonstrate a combination of the three primary areas of need above. Some will also have additional needs, such as attention deficit hyperactivity disorder (ADHD), dyslexia or dyspraxia. Medical issues may require daily supervision and potential intervention.

Children and young people will require a differentiated and often personalised curriculum to meet their profile of need.

Code of Practice area of need: cognition and learning; communication and interaction

Schools for children and young people with severe learning difficulties (SLD)

Children and young people will be operating in the SLD cognitive range, as described below, and their ability to make progress will be limited across all areas of development. They will have a life-long learning disability which requires a multi-disciplinary service response throughout childhood and into adulthood.

Children and young people will have significant and multiple impairments which may include some or all of the following:

- Severe learning difficulties;
- Profound and multiple learning difficulties;
- Autistic spectrum disorders;
- Significant difficulties with communication (expressive and/or receptive language) and possibly mobility;
- Sensory impairment.

This may manifest itself in some or all of the following:

- Considerable difficulties with appropriate social interaction and understanding;
- Associated challenging behaviour;
- Limited self-help skills and awareness of danger;
- Predominantly dependent on adults for personal care skills;
- Reliance on adults for activities and travel assistance.

Associated secondary needs may include:

- Related physical difficulties;
- Related medical difficulties, including those with life-limiting conditions;
- Fine and gross motor difficulties;
- Multi-sensory impairment;
- Attention deficit hyperactivity disorder (ADHD);
- Sensory integration difficulties.

Where there has been standardised testing of cognitive functioning, children and young people will tend to be assessed as being at or below the 1st percentile.

For primary-age children, there will be limited progress towards the knowledge and understanding achieved within the National Curriculum by same-age peers, and for secondary age young people this difference will be extreme.

Pre-school age children will be functioning significantly below their chronological age, that is, below half their chronological age in most areas of development. They may have an inconsistent development profile.

Children and young people will require a highly differentiated and personalised curriculum to meet their significant profile of need. The opportunities for independent learning and activities will be limited.

Code of Practice area of need: sensory and/or physical needs

Specialist provision for physical and/or neurological impairment (PNI)

Children and young people attending a Physical and Neurological Impairment (PNI) special school or a mainstream specialist resourced provision will have severe physical difficulties as their main presenting need. They will have an impairment caused by injury, illness, a congenital condition or genetic disorder that causes a loss of, or difference in, physiological or psychological function. They may have little control over their physical functioning and their impairment may have a severe or profound effect upon their ability to access learning and on their attainment and achievement at school.

These children and young people may also have a range of other needs associated with their physical difficulties which may include sensory impairments or an additional neurological impairment such as epilepsy.

Children and young people in a PNI school or specialist resourced provision will have a range of cognitive functioning and rates of progress might be varied. Some children and young people will be linguistically and academically able, while others may have significant developmental delay and/or below average attainments. All, however, will have the ability to be active and interested participants in their environment and seek to gain an understanding of their personal worlds through physical exploration. All children and young people will require a physical curriculum to support their learning and the development of their physical, communication and cognitive skills.

Some children and young people may have difficulties with speech, language and communication and require the use of alternative or augmentative approaches and aids to support their communication. Some children and young people may have difficulties with swallowing, feeding and drinking, and may be tube fed to enable their nutritional needs to be met. They may also have significant health needs which require regular or continuous medical intervention.

Children and young people attending a PNI special school or specialist resourced provision may require a wide variety of specialist equipment in order to access learning and to support the development of their learning and of their physical and communication skills. They may also be dependent on others for some or all of their personal care and travel needs. Children and young people in a PNI special school or specialist resourced provision will also require the intervention of therapy services and healthcare professionals to:

- Regularly assess and review therapy and healthcare needs;
- Provide goal-based therapy programmes adapted to children and young people's learning and developmental needs that are appropriate for a school setting;
- Provide direct therapy intervention according to clinical need;
- Provide support, advice and training for school staff in relation to access to learning and the curriculum and the development of children and young people's physical skills, communication skills and health management;

- Communicate regularly with parents about children and young people's health and therapy provision and its impact and effect.

For younger children it may be difficult initially to establish the true level of their cognitive functioning. Whilst it can be difficult to differentiate between a main presenting need of PNI or SLD in the early years, this is usually clearer at the time of transition from Key Stage 1 to Key Stage 2 or at secondary transfer. Where a child at secondary transfer meets the guidance for placement in an SLD school, then placement in a secondary PNI specialist provision is not normally appropriate. Young people attending a secondary mainstream specialist resourced provision will be able to access the mainstream secondary curriculum with specialist support and adaptation and will have therapy and medical needs that can be met within a specialist resourced mainstream provision.

Code of Practice area of need: sensory and/or physical needs

Specialist provision for hearing impairment (HI)

All children and young people will have a significant hearing impairment as their main presenting special educational need which will affect their development of language and communication and their access to learning.

The hearing impairment may have a significant effect on children and young people's:

- Language and communication skills;
- Speech intelligibility;
- Listening and attention (particularly in poor acoustic conditions or demanding learning and social situations);
- Understanding of language and concepts;
- Ability to express thoughts and feelings;
- Relationships and interaction with others.

This may manifest itself in difficulties with some or all of the following:

- The ability to engage in the life of the school fully;
- Social maturity / self-confidence / self-esteem;
- Literacy and numeracy skills;
- Access to information and incidental learning;
- Academic progress.

They may also have a strong reliance on visual learning or multi-sensory learning.

For some children and young people, the likelihood of these difficulties is known, so early placement is essential to ensure good outcomes and to guard against the anticipated difficulties and avoid a widening gap compared to hearing peers.

Some children and young people may have needs additional to their hearing impairment which could include:

- Visual problems;
- Physical difficulties;
- Specific learning difficulties;
- Speech, language and communication difficulties;

- Medical needs;
- Emotional and behavioural difficulties;
- Moderate learning difficulties.

The ability range of children and young people with hearing impairment can be wide, covering a cognitive span from low ability to gifted and talented. All children and young people will need the curriculum delivered in an accessible way with the development of language and cross curricular literacy at its core. This may include the use of sign language, sign supported English, a structured approach to language delivery and development, techniques and approaches designed specifically for deaf children, for example, visual phonics, auditory training, listening programmes and shape coding.

Children and young people with hearing impairment will need a standard physical environment, including access to an acoustic environment meeting national recommendations, the use of technological and assistive listening devices, for example, cochlear implants, hearing aids, radio hearing aids, sound field systems and wireless mini-mics.

Some children may require a deaf peer group to secure the development of their social and emotional wellbeing.

All children and young people will require opportunities to develop their language and communication skills. Some children and young people will require an auditory/oral approach (using listening, speaking and lip-reading) and will be placed appropriately at a special or school or specialist resourced provision using an auditory / oral approach. This would be indicated by information within specialist reports or parental preference, clarifying that a child or young person was developing communication predominantly through listening and speaking.

Some children and young people will require or prefer a total communication approach and will be appropriately placed at a special school using a total communication approach. This would be indicated by information within specialist reports, clarifying that a child or young person was developing communication predominantly through signing or benefits from sign support or has made little or no progress with the acquisition of language through listening. In addition, some children and young people from deaf family backgrounds have age appropriate language in BSL and good outcomes will be best secured for them through continuing provision of BSL.

At secondary transfer, it may be appropriate for a child who has previously used total communication to transfer to a school using an auditory/oral approach, if specialist reports and parental preference indicate that the child has developed his or her expressive and receptive spoken language skills to a level that would enable access to the curriculum and social interaction without sign support.

Code of Practice area of need: social, emotional and mental health difficulties

Schools for children and young people with social, emotional and mental health difficulties (SEMH)

Children and young people placed in this type of special school will experience a wide range of social, emotional and mental health difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour.

These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder. The ability range of children and young people is typically quite wide, covering a cognitive span from low ability to gifted and talented and educational achievements equally variable.

Sustained interventions from specialised agencies will have been unable to bring about a positive change. The evidence from school-based behaviour logs/supporting notes will indicate that such behaviours/issues have developed over time and a number of strategies have been used to try and support the pupil. However, such interventions have not been successful or have had a limited impact.

Children and young people may have experienced significant social difficulties; a disrupted home and personal life is a significant contributory factor in many cases, with adult responses reinforcing inappropriate behaviours. Poor behaviour may be a result of abuse, neglect or psychological trauma. Children and young people may be known to social care services and/or child and adolescent mental health services. On occasions there might be a sudden and serious deterioration in behaviour that does not respond to appropriate specialist intervention.

Only medical professionals should make a formal diagnosis of a mental health condition. Schools, however, are well-placed to observe children day-to-day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may otherwise go unrecognised. School-based evidence will make it clear the actions and support that have been used so far.

For those children and young people with a diagnosis of autism who require this provision, their combination of difficulties will present as a complex profile of overlapping, co-morbid needs.

The presenting difficulties are likely to involve a combination of the three broad categories: social, emotional and mental health although some may exhibit behaviours in one or more of the three categories. There is no particular number of indicators which mean this provision is required if met: some pupils may exhibit just a few to a very significant and severe extent, whilst others will meet a large number with varying intensity. In all cases there will be a pronounced and measurable impact upon learning and attainment, with achievement falling considerably below potential in most areas of the curriculum.

Indicators for **social difficulties** will include some of the following:

- Persistent challenging of authority;
- Regular and sustained aggression or threat of aggression towards others;
- Some learning difficulty or underachievement;
- Routinely anti-social and uncooperative;
- Long-standing indifferent or erratic response to discipline;
- Significantly delayed/immature social skills;
- Long-standing inability to form relationships with peers and adults;
- Very poor social communication skills, including social use of language and the conventions of social behaviour;
- Entrenched lack of social conscience or a sense of inner justice;
- Behaviours which seek to exploit weaknesses in others and to control situations, including regular use of targeted and abusive language;
- Persistent lack of basic hygiene and/or sense of personal safety;
- Severe and regular damage to property.

Indicators for **emotional difficulties** will include some of the following:

- Low self-esteem and poor self-image;
- Extreme lack of empathy and respect for the needs, rights, feelings and emotions of others, including inappropriate emotional responses and actions in a given situation;
- Considerable frustration or distress;
- Extremes of emotions or withdrawal behaviour;
- Entrenched inability to trust others and/or lack of resilience;
- Highly inappropriate sexualised behaviour, including a preoccupation with sexualised matters and language;
- Expressed desire to harm others for reasons of self-esteem and/or status, including through psychological intimidation or bullying behaviour;
- Persistent inability to manage own anger.

Indicators for **mental health difficulties** will include some of the following:

- emotional disorders, e.g. phobias;
- anxiety states and depression;

- conduct disorders, for example, stealing, defiance, fire-setting, aggression and antisocial behaviour;
- hyperkinetic disorders, such as, disturbance of activity and attention including attention deficit hyperactivity disorder;
- developmental disorders, including delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- attachment disorders, that is, children and young people who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers;
- other mental health problems, include eating disorders, habit disorders, post-traumatic stress syndromes, somatic disorders, and psychotic disorders such as schizophrenia and manic depressive disorder.

Many of these problems will be experienced as mild and transitory challenges for the child or young person and their family, whereas others will have serious and longer lasting effects. When a problem is particularly severe or persistent over time or when a number of these difficulties are experienced at the same time, children and young people are often described as having mental health disorders.

Exit guidance

Children and young people who achieve the outcomes set for them in this specialist provision can be considered for moving to mainstream school. The key to a successful transfer to mainstream school is that it meets the hopes and aspirations of the pupil and that all parties are committed to making the mainstream placement work.

Dual placements or structured trials in mainstream schools are one way of testing out the potential of pupils to operate successfully in that environment.

Children and young people will be able to leave a special school placement typically when they are able to:

- Make positive choices more frequently;
- Operate in various social contexts;
- Cope with different situations and make independent transition successfully such as from smaller to larger groups;
- Overcome resistance to, and fear of, learning;
- Maintain good relationships with adults in a school setting.

Children and young people may return to a mainstream school at any time, following appropriate review of their Education, Health and Care Plan. However, it is especially important to consider mainstream options at times of transition.

Code of Practice area of need: sensory and/or physical needs

Visual impairment (VI) specialist provision: mainstream base

NB The future of the VI base at Barnwell school is currently the subject of consultation. It is not expected that any placements will be made at the base until its future is known.

The VI Base at Barnwell School in Stevenage is a resource for the whole county. It provides for students from years 7 to 11 who are severely educationally partially sighted or educationally blind (definitions overleaf) and who have an Education Health and Care Plan which identifies vision as the primary need.

The visual impairment may have a significant effect on students:

- Access to printed and visual material for learning and research
- Access to incidental learning from the wider learning environment
- Access to and understanding of non-verbal aspects of communication
- Independence in mobility, organisation and self-care skills
- Ability to concentrate due to visual fatigue
- Ability to complete class work in some subjects without provision of tutorial time.

This may manifest itself in difficulties with some or all of the following:

- The ability to engage fully in the life of the school
- The ability to record / read back without technological alternatives
- Literacy and numeracy
- Academic progress
- Practical areas such as PE, Technology and science practicals
- social skills
- Self-confidence/ self-esteem.

Students will need access to a range of specialist resources such as brailers, CCTV, ICT and software. They may need tutorial support and alternative programmes for subjects such as PE and Technology.

Some pupils may have needs additional to their visual impairment which could include:

- Hearing impairment
- Physical impairment
- Specific learning difficulties
- Speech, language and communication disorder
- Medical difficulties
- Emotional and behavioural difficulties
- Moderate learning difficulties

Support for these aspects will be provided in collaboration with the school's SENCO.

Blindness is a term used to refer to very extensive problems with visual acuity or field of vision, or a combination of the two, such as to have a substantial long-term adverse effect on the student's ability to carry out normal everyday activities.

Definitions of educationally partially sighted and blind follow below (with reference to the RNIB website):

Educationally partially sighted (severe)	Educationally blind
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There is no definition of sight impairment or partial sight. However, convention is that partial sight (severe) involves:

- A [visual acuity](#) from 3/60 to 6/60 with a full field
- Up to 6/24 with moderate restriction of visual field, opacities in the media or aphakia
- 6/18 or better with a gross [field defect](#) (e.g. [hemianopia](#) or a marked constriction of the field (e.g. [glaucoma](#) or [retinitis pigmentosa](#)))

There may also be other visual difficulty e.g. colour confusion, nystagmus, intermittent vision, significant photophobia

Blindness is legally defined as 'so blind that they cannot do any work for which eyesight is essential' In practice this translates to:

- A best correct visual acuity below 3/60 or 1/18
- A best corrected visual acuity better than 3/60 but below 6/80 with a very restricted visual field

Severe visual impairment is a term now sometimes used for blindness

Specialist provision for speech, language and communication needs (SLCN)

Children and young people considered for a place in a specialist resourced provision for speech, language and communication needs in a mainstream school will have a specific impairment of speech and/or language abilities as their primary presenting area of difficulty at the time of placement. A specific speech and language impairment (SSLI) describes young people whose skill in understanding and/or expressing themselves through speech and language is significantly impaired in the context of their general ability assessed non-verbally.

An SSLI can affect various aspects of speech and/or language in complex ways. The young person placed in a speech and language base will at the time of assessment have impairment in one or more of the following:

- Receptive language;
- Expressive language;
- Speech and phonology.

They could also have additional needs such as:

- Social use of language and functioning;
- Attention and listening;
- Memory for spoken information;
- Motor skills;
- Symbolic play.

They may have social and emotional difficulties arising from frustrations in not being able to communicate like their peers or they may have an autistic spectrum disorder. However, these additional needs should not be severe enough to prevent the young person making progress over time in the specialist resourced provision in relation to their speech and language needs.

Typical levels of functioning will be:

- Achieving at or below the 2nd percentile in one or more areas of speech and language when assessed on a standardised test of language development;
- Operating outside of the levels that are consistent with admission to a learning difficulties school (see SLCN section on page 7);
- A significant discrepancy between a child or young person's speech/language skills and his/her level of general ability assessed non-verbally where both assessments have taken place;
- An SSLI which is demonstrable regardless of the young person's first language.

Exit guidance

Moving out of a specialist speech, language and communication provision to a normal mainstream school placement will be considered when one or more of the following applies:

- The young person has made measurable progress in meeting their specified outcomes in the areas of identified need as indicated, for example, by the use of the ratings scale/guidance, and have achieved functional levels of speech and language skills to enable them to access the mainstream curriculum;
- A recommendation for a reduction in speech and language therapy support;
- Achieving above the 2nd percentile in one or more/most areas of speech and language when assessed in their specific area(s) of impairment on a standardised test of language development (DEEP/CELF equivalent to 5th percentile or below);
- Improved performance in real-life contexts and from parents' reports;
- A noticeable reduction in the effect of a young person's SSLI on their educational performance, including social, emotional, academic and vocational functioning, with a corresponding decrease in the amount support required and increased ability to access the mainstream curriculum;
- The annual review of the Education, Health and Care Plan indicates that the SSLI is no longer the primary area of need.