



# Strategies for supporting pupils with Special Educational Needs and Disabilities in DT lessons

How we will help your child	
<b>Anxiety</b>	<ul style="list-style-type: none"> <li>• A trusting relationship will be nurtured between all adults in the classroom and the child. This relationship will enable the adult to know any triggers or changes in behaviour that may be caused by the child feeling anxious.</li> <li>• Clear and open discussion prior to each lesson explaining that sensitive topics will be treated with the utmost care.</li> <li>• Responding or giving opinions/thoughts is non-compulsory so that individual children do not feel as though they are on the spot.</li> <li>• DT lessons are mostly calm and quiet where children can focus on the learning taking place.</li> <li>• If children feel overwhelmed by the classroom environment, they can use a quiet break out space.</li> </ul>
<b>Autism Spectrum Disorder</b>	<ul style="list-style-type: none"> <li>• Visual timetables are used to support the organisation of the DT lesson.</li> <li>• Visual cues/resources are used to support the child as necessary throughout the session.</li> <li>• A learning space is provided that best suits the child.</li> <li>• Sensory breaks are given whenever necessary.</li> <li>• Staff are aware of children with particular sensory needs and have prepared resources/equipment to support them.</li> <li>• Staff avoid asking specific or direct questions that could make the child uncomfortable.</li> <li>• Time will be taken to build a strong and trusting relationship with the child so that the children feel safe and secure.</li> <li>• The children will have the choice to work independently or as part of a group.</li> <li>• Staff are aware of any sensitive topics/triggers so that the children can be prepared.</li> <li>• DT sessions are calm and not over stimulating so that the children do not feel overloaded at any given time.</li> <li>• The children always have access to a quiet break out space should they feel they need to.</li> <li>• The staff are prepared to recognise a change of behaviour as a need for communication and will be prepared to address this with care and a calm attitude.</li> </ul>
<b>Dyscalculia</b>	<ul style="list-style-type: none"> <li>• Should the situation arise where maths learning is integrated within a DT session, staff will be aware of the needs of all children who may require extra support.</li> <li>• Written instructions and diagrams will be provided.</li> <li>• Visual aids will be available for children if they require it.</li> <li>• Staff are prepared to pace the lesson to suit the needs of the children and are aware that some children may require repetition.</li> <li>• Staff are aware that should a child become anxious or overwhelmed it could be that resources are not accessible- in this case resources will be scaffolded.</li> </ul>
<b>Dyslexia</b>	<ul style="list-style-type: none"> <li>• Different coloured paper can be provided for any written recordings.</li> <li>• A text font size of 12 or above is used for any work sheets/PPT Slide presentations.</li> <li>• Questions will be short and clear with visual representations (diagrams, pictures, illustrations) to support.</li> <li>• Sub headings and titles will be used to ensure children can identify key information.</li> <li>• Resources/PPTs will use the school dyslexia friendly font.</li> <li>• Staff will consider screen backgrounds whenever possible for PPTs.</li> </ul>
<b>Dyspraxia</b>	<ul style="list-style-type: none"> <li>• A large learning space will be provided if possible eg end of a table or a breakout space.</li> <li>• Instructions can be written out for the child, using different colours for each line.</li> <li>• Diagrams will be provided before labelling/editing.</li> <li>• Children can leave the DT session early to ensure there is time to move in and out of the classroom (break times, lunchtimes, toilet trips etc.).</li> <li>• Children can move around the classroom whenever necessary.</li> <li>• When using supportive learning equipment, an adult or supportive peer will provide demonstration of how to successfully use the equipment.</li> <li>• Adults will ensure they are watching closely for signs of distress and provide a quiet, calm learning environment</li> <li>• Alternative resources to writing will be used such as ipads, talking tins etc.</li> <li>• Expectations will be clearly addressed prior to the lesson starting.</li> <li>• Children will have plenty of time to prepare for transitions such as the end of the lesson, change of activity etc.</li> </ul>

<b>Visual Impairment</b>	<ul style="list-style-type: none"> <li>Anything that is being displayed will be large and easily visible from anywhere in the classroom.</li> <li>Children will be able to 'take a break' from their DT learning whenever needed to ensure they are able to focus visually and avoid fatigue.</li> <li>Children will be seated towards the front of the classroom to ensure they have a clear line of vision, especially during the input where the whiteboard will be the main focus.</li> <li>Images and text within any printed work will be enlarged with the recommended font size and chosen school font.</li> <li>Children will be provided with a thicker and darker pencil to ensure their writing is clear.</li> </ul>
<b>Experienced Trauma</b>	<ul style="list-style-type: none"> <li>The DT learning environment will be a calm, trusting place where children feel supported with their emotions at all times.</li> <li>Adults working with the child will be aware of any triggers and any ways to further support the child within the classroom.</li> <li>Sensitive topics will be discussed with the child beforehand so that they are aware. IF the child feels overwhelmed or uncomfortable they can leave the room and go to a safe space,</li> <li>There will be a consistent approach to expectations and behaviour that are based on positive praise.</li> <li>All DT sessions will be underpinned by self-awareness and positivity.</li> </ul>
<b>Tourette Syndrome</b>	<ul style="list-style-type: none"> <li>Adults will listen and respond to the child with support and understanding.</li> <li>A structure will be provided (tick list) to support the learning taking place, this will be differentiated to the main activity and include the main elements needed to aid the child's attention.</li> <li>There will be understanding that the activity may not be completed.</li> <li>Staff will be aware that tics can be triggered by over-stimulation, excitement, noise, change of routine, relaxation and all of these things are potential outcomes of a DT session.</li> <li>Staff are mindful that a tic is an involuntary response so as opposed to using language such as 'stop', the event should be dealt with calmness and sensitivity.</li> </ul>
<b>Speech Language and Communication Needs</b>	<ul style="list-style-type: none"> <li>Visual timetables, signs and symbols will be used to support communication within the DT lesson.</li> <li>Visual displays will be used to support understanding of key information.</li> <li>Non-verbal clues will be used to back up what is being said.</li> <li>Makaton signs will be used to support children's understanding.</li> <li>Any verbal instructions/information will be at a slow, clear pace that matches the child's understanding.</li> <li>Adults will regularly check the child's understanding so that adults can identify any misconceptions or misunderstandings.</li> </ul>
<b>Cognition and Learning Challenges</b>	<ul style="list-style-type: none"> <li>Concrete resources and visual representations will be given to the child to support any mental and written calculations needed.</li> <li>Positive praise will be used so that the child knows they are doing well.</li> <li>Encourage/support and praise independent learning.</li> <li>Self-checks can be used at each stage of a task so that children are aware of the tasks required of them and their achievement of reaching this.</li> <li>Key vocabulary and ideas will be addressed regularly throughout the DT lesson to check understanding.</li> <li>Information will be repeated clearly, varying the vocabulary used. Any PPT presentation will be simple and uncluttered with key information highlighted.</li> <li>Children will be provided with a 'work-buddy' during peer activities/opportunities</li> </ul>
<b>Toileting Issues</b>	<ul style="list-style-type: none"> <li>Children will be able to leave and return to the classroom whenever necessary.</li> <li>A seating arrangement will be made so that the child can enter and leave the classroom discreetly.</li> <li>All adults and children within the classroom environment will respect the child's privacy.</li> <li>Some children have an Intimate Care Plan.</li> </ul>
<b>Hearing Impairment</b>	<ul style="list-style-type: none"> <li>A suitable working space will be agreed upon between the teacher and child in a safe, private conversation before the lesson.</li> <li>Adults within the classroom will (discreetly) ensure the child's hearing aid is turned on before the lesson begins.</li> <li>Adults will ensure they are facing the child when they are talking/giving instructions.</li> <li>Questions and any information given by peers will be repeated clearly to ensure the child has heard what their peers have asked/said.</li> <li>Children will be seated towards the front of the classroom to ensure they have a clear line of vision, especially during the input where the whiteboard will be the main focus.</li> </ul>
<b>Attention Deficit Hyperactivity Disorder</b>	<ul style="list-style-type: none"> <li>A non-confrontational approach will be used in every aspect of the DT lesson.</li> <li>Verbal praise is given whenever necessary to help boost confidence and self-esteem.</li> <li>Use of pictorial representations to support the learning taking place.</li> <li>Staff to use concrete resources to support new concepts.</li> <li>Staff to ensure all rules are consistently implemented and revisited so that this becomes routine.</li> <li>Have a secure 'time-out' area that the child can visit if needed.</li> <li>Consider clear rewards to reinforce any positive behaviour</li> <li>Eardefenders can be used to allow for breaks when the child is feeling over-stimulated.</li> </ul>
<b>Physical needs</b>	<ul style="list-style-type: none"> <li>Personalised equipment will be used if needed eg specialist scissors, specialist cutlery etc</li> </ul>

For children with specific needs not mentioned above a tailored personalised approach will be adopted, this will be developed in consultation with parents and other professionals.