



**Serenity School**

**MAIN AREAS OF SPECIAL EDUCATIONAL NEED AND  
APPROPRIATE SEN CATEGORIES**

# **MAIN AREAS OF SPECIAL EDUCATIONAL NEED AND APPROPRIATE SEN CATEGORIES**

The SEN categories and their descriptions which are set out below are intended to help schools and Education and Library Boards (ELBs) prepare for data collection.

## **1. Cognitive and Learning**

- (a) Dyslexia/SpLD (DYL)
- (b) Dyscalculia (DYC)
- (c) Dyspraxia/DCD (DCD)
- (d) Mild Learning Difficulties (MILD)
- (e) Moderate Learning Difficulties (MLD)
- (f) Severe Learning Difficulties (SLD)
- (g) Profound & Multiple Learning Difficulties (PMLD)
- (h) Unspecified (U)

## **2. Social, Emotional and Behavioural**

- (a) SEBD
- (b) ADD/ADHD (ADD)

## **3. Communication and Interaction**

- (a) Speech and Language Difficulties (SL)
- (b) Autism (AUT)
- (c) Aspergers (ASP)

## **4. Sensory**

- (a) Severe/profound hearing loss (SPHL)
- (b) Mild/moderate hearing loss (MMHL)
- (c) Blind (BL)
- (d) Partially sighted (PS)
- (e) Multi-sensory impairment (MSI)

## **5. Physical**

- (a) Cerebral Palsy (CP)
- (b) Spina bifida and/or hydrocephalus (SBH)
- (c) Muscular dystrophy (MD)
- (d) Significant accidental injury (SAI)
- (e) Other (OPN)

## **6. Medical Conditions/Syndromes**

- (a) Epilepsy (EPIL)
- (b) Asthma (ASTH)
- (c) Diabetes (DIAB)
- (d) Anaphylaxis (ANXS)
- (e) Down (DOWN)
- (f) Other medical conditions/syndromes (OMCS)
- (g) Interaction of complex medical needs (ICMN)
- (h) Mental Health Issues (MHI)

## **7. Other**

- (a) Other (OTH)

## DESCRIPTIONS OF SEN CATEGORIES OF SPECIAL NEED

### 1. COGNITIVE and LEARNING

Pupils should only be recorded in the COGNITIVE and LEARNING area of special need when placed on the school's SEN register.

#### 1(a) Dyslexia/SpLD (DYL)

Dyslexia is best described as a continuum of difficulties in learning to read, spell or write, which persist despite appropriate learning opportunities. These difficulties are not typical of performance in most other cognitive and academic areas.

There may be associated difficulties in such areas as:

- Phonological processing
- Short term memory
- Sequencing number skills
- Motor function
- Organizational ability.

#### 1(b) Dyscalculia (DYC)

Pupils with dyscalculia have difficulty in acquiring mathematical skills. Pupils may have difficulty understanding simple number concepts, lack an intuitive grasp of numbers and have problems learning number facts and procedures. Their difficulties are not typical of their performance in most other cognitive and academic areas. A wide spectrum of difficulty obtains in this area but 'most dyscalculic pupils have cognitive and language abilities in the average range'. (British Dyslexia Association, 2005)

#### 1(c) Dyspraxia/DCD (DCD)

DCD (Developmental Co-ordination Disorder) describes children with marked impairment in the development of motor co-ordination that is not explainable by mental retardation or a known physical disorder. The diagnosis is made only if this impairment significantly interferes with routine activities of daily life or with academic achievement. (Polatajko et al, 1995)

Pupils with DCD are affected by an impairment or immaturity of the organisation of movement, often appearing clumsy. Gross and fine motor skills are hard to learn and difficult to retain and generalise. Pupils may have poor balance and co-ordination and may be hesitant in many actions (running, skipping, hopping, holding a pencil, doing jigsaws, etc). Their articulation may also be immature and their language late to develop. They may also have poor awareness of body position and poor social skills.

### **1(d) Mild Learning Difficulties (MILD)**

Pupils in this category normally have their learning needs met through the school's own resources. Their needs can be met by differentiated programmes of work, and by educational programmes. Pupils with mild learning difficulties will have attainments below expected levels in most areas of the curriculum.

### **1(e) Moderate Learning Difficulties (MLD)**

Pupils with moderate learning difficulties will usually have cognitive ability and/or attainment levels at or below the second percentile, that is, significantly below expected levels in most areas of the curriculum, despite appropriate interventions. Their needs will not be able to be met by normal differentiation and the flexibilities of the National Curriculum. They are usually in receipt of additional Board funded provision.

Pupils with MLD have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts. They may also have associated speech and language delay, low self-esteem, low levels of concentration and under-developed social skills.

### **1(f) Severe Learning Difficulties (SLD)**

Pupils with severe learning difficulties have very significant intellectual or cognitive impairments. Their cognitive and/or attainment levels are normally at or below the 0.01 percentile.

This has a major effect on their ability to participate in the school curriculum without support. Pupils with SLD may also have difficulties in mobility and co-ordination, communication and perception and the acquisition of self-help skills. They will need support in all areas of the curriculum. They may also require teaching of self-help, independence and social skills. The majority remain dependent on adults for all aspects of their care. Some pupils may communicate through use of sign and symbols but most will be able to hold simple conversations. Their attainment levels may be expected to remain at or below Level 1 of the National Curriculum for much of their school careers.

### **1(g) Profound and Multiple Learning Difficulties (PMLD)**

Pupils with profound and multiple learning difficulties have complex learning needs. In addition to very severe learning difficulties, pupils have other significant difficulties, such as physical disabilities, sensory impairment or a severe medical condition. Pupils require a high level of adult support, for their learning needs and usually for their total personal care. They are likely to need sensory stimulation and a curriculum broken down into very small steps. Some pupils communicate by gesture, eye pointing or symbols, others by very simple language. Their attainments are likely to remain below Level 1 of the National Curriculum for the duration of their school career.

## **1(h) Unspecified (U)**

Pupils who are in receipt of additional educational provision but who cannot be recorded under categories 1(a) to 1(g) above should be included here. It is possible that an assessment/diagnosis of their special educational needs has not yet been undertaken.

## **2. SOCIAL, EMOTIONAL and BEHAVIOURAL**

**Pupils should only be recorded in the SOCIAL, EMOTIONAL AND BEHAVIOURAL area of special need when placed on the school's SEN register.**

### **2(a) SEBD**

Pupils with SEBD have learning difficulties as defined within the Code of Practice. They may fail to meet expectations in school and in some, but by no means all, cases may disrupt the education of others. Such difficulties may result, for example, from abuse or neglect, physical or mental illness, sensory or physical impairment, a specific learning difficulty or psychological trauma. In some cases they may arise from, or are exacerbated by, circumstances within the school environment. They may manifest themselves in a wide variety of forms, sometimes depending on the age of the child – including withdrawn, depressive or suicidal attitudes, difficulty in communicating, obsessional preoccupation with eating habits, school phobia, substance misuse, disruptive, antisocial and unco-operative behaviour and frustration, anger and threat of or actual violence which requires physical intervention. SEBD may be associated with frustrations resulting from other learning difficulties.

Pupils with SEBD cover the full range of ability and continuum of severity. Their behaviours present a barrier to learning and persist despite the implementation of an effective school behaviour policy and personal/social curriculum.

At the milder end of the continuum, pupils may have difficulties with social interaction and find it difficult to work in a group or cope in unstructured time. They may have poor concentration, temper outbursts and be verbally aggressive to peers and adults.

Other pupils may display similar signs of low esteem, under achievement and inappropriate social interaction, but without outwardly challenging behavioural outbursts. They may be withdrawn, quiet and find it difficult to communicate.

## **2(b) ADD/ADHD (ADD)**

AD(H)D is a developmental disorder that occurs in 1-3% of the population. It is not related to intelligence but is more likely to affect boys than girls from all walks of life. There is a strong genetic component in the condition which manifests itself in signs of inattention, hyperactivity and impulsiveness. It presents a barrier to learning due to children's difficulty in controlling their behaviours. It is unlikely that a diagnosis of AD(H)D will be made unless the condition is present for at least six months, is severe enough to interfere with age appropriate functioning, is not explained by developmental level or another condition and cannot be explained by other factors such as laziness, lack of sleep, too much television or food additives.

## **3. COMMUNICATION and INTERACTION**

**Pupils should only be recorded in the COMMUNICATION and INTERACTION area of special need when placed on the school's SEN register.**

**Please note that pupils whose first language is *NOT* English should not be recorded here unless they also have a special educational need in this area.**

### **3(a) Speech and Language Difficulties (SL)**

Pupils with speech and language difficulties cover the whole ability range. Pupils may have specific language impairment which is not typical of their other abilities. Linguistic difficulties may also be associated with developmental delay or learning difficulties. Pupils in this category may have difficulty in understanding and/or making others understand information conveyed through spoken language. Their articulation may be poor or unintelligible and/or they may have a severe stammer. Pupils with language impairments find it hard to understand and/or use words in context. They may use words incorrectly with inappropriate grammatical patterns, have a reduced vocabulary or find it hard to recall words and express ideas.

### **3(b) Autism (AUT)**

It is recognized that autism covers a wide spectrum but it should be noted that pupils who are diagnosed with Aspergers should be recorded in the next category.

Pupils with autism will have difficulty:

- Understanding and using non-verbal and verbal communication
- Understanding social behaviour, which affects their ability to interact with children and adults
- Thinking and behaving flexibly, which may show in restricted, obsessional or repetitive activities.

Pupils with autism cover the full range of ability and the severity of their impairment varies widely. Some pupils also have learning disabilities or other difficulties, making diagnosis difficult.

Pupils with autism may have difficulty in understanding the communication of others and in developing effective communication themselves. Many are delayed in learning to speak and some never develop meaningful speech.

Pupils find it difficult to understand the social behaviour of others. They are literal thinkers and fail to understand the social context. They can experience high levels of stress and anxiety in settings that do not meet their needs or when routines are changed. This can lead to inappropriate behaviour.

Some pupils with autism have a different perception of sounds, sights, smell, touch and taste and this affects their response to these sensations. They may have unusual sleep and behaviour patterns.

Young pupils may not play with toys in a conventional and imaginative way but instead use toys rigidly or repetitively. They find it hard to generalise skills and have difficulty adapting to new situations and often prefer routine.

### **3(c) Aspergers (ASP)**

Pupils with Asperger's syndrome exhibit similar difficulties to those described under autism. These pupils share the same triad of impairments but have higher intellectual abilities and their language development is different from the majority of pupils with autism. They may not have any clinically significant delay in language or cognitive development.

Pupils with this disorder may have impairment in social interactions and communication skills. They may also develop stereotyped behaviour, interests or activities.

## **4 SENSORY**

**Pupils should only be recorded in the SENSORY area of special need when placed on the school's SEN register.**

Pupils with a **hearing impairment** range from those with a mild hearing loss to those who are profoundly deaf. They cover the whole ability range. Some children are born deaf while others may become deaf later on due to, for example, an illness. The most common type of deafness is conductive deafness. Sensori-neural or nerve deafness is the other main form of deafness while 'mixed deafness' or a combination of both may occur.

For educational purposes, pupils are regarded as having a hearing impairment if they require hearing aids, adaptations to their environment and/or particular teaching strategies in order to access the concepts and language of the curriculum.



#### **4(a) Severe/profound hearing loss (SPHL)**

Pupils who should be included within this category will usually have a hearing loss of 71 to 95+ decibels.

#### **4(b) Mild/moderate hearing loss (MMHL)**

Pupils who should be included within this category will usually have a hearing loss of 20 to 70 decibels.

**Visual impairment** refers to a range of difficulties from minor impairment through to blindness. Pupils with visual impairment cover the whole ability range. For educational purposes, pupils are considered to be visually impaired if they require adaptations to their environment or specific differentiation of learning materials in order to access the curriculum.

#### **4(c) Blind (BD)**

It should be noted that less than 10% of those registered blind are totally blind, most having some useful residual vision.

Pupils who are blind or have very limited useful sight require tactile methods of learning, such as Braille and 3-D representations, together with making optimal use of their hearing. A pupil who uses Braille is often described as 'educationally blind'. The World Health Organisation (WHO) definition of blindness based on visual acuity scores suggests that a pupil who is blind will have a score of <3/60. It is unusual for a child who is blind to be placed in a mainstream class.

#### **4(d) Partially sighted (PS)**

Within the educational context, 'partially sighted' is generally used to mean pupils who have vision useful for all school tasks but require adaptation to teaching methods and differentiated materials. They may require enlarged print or a mix of learning methods. According to the WHO definition it may be expected that their visual acuity may range from <6/18 to >3/60.

**Pupils whose vision is corrected by spectacles should not be recorded in this category.**

#### **4(e) Multi-Sensory Impairment (MSI)**

**Pupils should only be recorded as MSI if their sensory impairment is their greatest need.**

Pupils with multi-sensory impairment have a combination of visual and hearing difficulties. They are sometimes referred to as deafblind but may have some residual sight and/or hearing. Many also have additional disabilities but their complex needs mean that it may be difficult to ascertain their intellectual abilities. Pupils need teaching approaches, which make

good use of their residual hearing and vision, together with their other senses. They may need alternative means of communication.

Pupils with multi-sensory impairment have much greater difficulties in accessing the curriculum and the environment than those with a single sensory impairment. They have difficulties in perception, communication and in the acquisition of information. Incidental learning is limited. The combination can result in high anxiety and multi-sensory deprivation.

## **5. PHYSICAL**

**Pupils should only be recorded in the PHYSICAL area of special need when placed on the school's SEN register.**

There is a wide range of physical disabilities affecting pupils within the whole ability range. Some pupils are able to access the curriculum and learn effectively without additional educational provision. They have a disability but do not have a special educational need. For others, the impact on their education may be severe.

### **5(a) Cerebral palsy (CP)**

Include in this category pupils who have a medical diagnosis of cerebral palsy.

### **5(b) Spina bifida and/or hydrocephalus (SBH)**

Include in this category pupils who have a medical diagnosis of spina bifida and/or hydrocephalus.

### **5(c) Muscular dystrophy (MD)**

Include in this category pupils who have a medical diagnosis of muscular dystrophy.

### **5(d) Significant accidental injury (SAI)**

Include in this category pupils who as a result of a significant accidental injury are being provided with special educational provision on a long term basis, to assist them in accessing the curriculum and the school facilities. Pupils with an acquired brain injury could be included here as appropriate.

### **5(e) Other (OPN)**

Include in this category any other physical disability, not mentioned in 5(a) to 5(d) but which forms a barrier to learning.

## **6. MEDICAL CONDITIONS/SYNDROMES**

**Pupils should only be recorded in the MEDICAL CONDITIONS/SYNDROMES area of special need when placed on the school's SEN register.**

A medical diagnosis does not necessarily mean that pupils have SEN. It depends on the impact the condition has on their educational needs. Include under the headings 6(a) to 6(e) those pupils who have the relevant medical diagnosis which impacts significantly on their access to learning.

**6(a) Epilepsy (EPIL)**

**6(b) Asthma (ASTH)**

**6(c) Diabetes (DIAB)**

**6(d) Anaphylaxis (ANXS)**

**6(e) Down (DOWN)**

**6(f) Other medical conditions/syndromes (OCMS)**

Include in this category other less common conditions/syndromes which have been medically diagnosed such as Russell Silver, Ushers, Tourette, Prader Willi, which nevertheless impact significantly on pupils' access to learning. Please note this list is not exhaustive.

**6(g) Interaction of complex medical needs (ICMN)**

Include in this category pupils whose medically diagnosed conditions or syndromes are not included under 6(a) to 6(f) but which impact significantly on their access to learning.

**6(h) Mental Health Issues (MHI)**

Include in this category pupils with a medical/psychiatric diagnosis in the area of mental health which impacts significantly on their access to learning.

## **7. OTHER**

**Pupils should only be recorded under OTHER when placed on the school's SEN register.**

This category should only be used for very unusual special educational needs which are substantially different from any of the types of need described under areas 1 to 6 above.

**7(a) Other (OTH)**