

Graduated Approach Physical and Sensory (VI)



Guidance for Children and Young People with Visual Impairment

Range Descriptors Overview

Quality First Teaching Range 1 Mild	Mild Visual Impairment <ul style="list-style-type: none">• Pupils find concentration difficult• Pupils peer or screw up eyes• Distance vision approximately 6/18. This means that the pupil needs to be about 2 metres away to see what fully sighted pupils can see from 6 metres• Can probably see details on a whiteboard from the front of a classroom, as well as others can see from the back of the room Near vision: likely to have difficulty with print sizes smaller than 12 point or equivalent sized details in pictures• Pupils who have nystagmus may be within this range or subsequent ranges depending on what their visual acuity is at worst. Pupils who have nystagmus have fluctuating vision. Their vision can worsen if they are tired, upset, angry, worried or unwell. It is likely their vision will worsen in unfamiliar places. They may struggle with depth perception and may find unfamiliar steps difficult or be cautious if the ground is uneven.
Initial Support Range 2 Mild - Moderate	Moderate Visual Impairment <ul style="list-style-type: none">• Pupils find concentration difficult• Pupils peer or screw up eyes• Pupils move closer when looking at books or notice boards• Pupils make frequent “copying” mistakes• Distance vision: approximately 6/24. This means that the pupil needs to be about 1.5 metres away to see what fully sighted pupils can see from 6 metres• Will not be able to see details on a white board from the front of classroom as well as others can see from the back• Near vision: likely to have difficulty with print sizes smaller than 14 point or equivalent sized details in pictures

**SEND Support
Range 3
Moderate**

Moderate to Significant Visual Impairment

- Pupil will find concentration difficult
- Pupil will peer or screw up eyes
- Pupil will move closer when looking at books or notice boards
- Pupil will make frequent “copying” mistakes
- Pupil will have poor hand - eye coordination
- Pupil will have a slow work rate
- Distance vision: approximately 6/36. This means that the pupil needs to be about 1 metre away to see what fully sighted pupils can see from 6 metres
- Will not be able to see details on a white board without approaching to within 1 metre of it
- Near vision: likely to have difficulty with print sizes smaller than 18 point or equivalent sized details in pictures
- Pupils may have Cerebral Visual Impairment (CVI) – these pupils have normal or near normal visual acuities but will display moderate to significant visual processing difficulties

**Enhanced SEND
Support
Range 4
Significant**

Cerebral Visual Impairment (CVI)

- CVI must be diagnosed by an ophthalmologist. The pupil will typically have good acuities when tested in familiar situations, but this will vary throughout the day. A key feature of CVI is that vision varies from hour to hour with the pupil's well-being.
- All pupils with CVI will have a different set of difficulties which means thorough assessment is a key aspect. The pupil has difficulties associated with dorsal processing stream, ventral processing stream or a combination of both.

Dorsal stream difficulties include:

- Difficulties seeing moving objects
- Difficulties reading
- Difficulties doing more than one thing at a time (e.g. looking and listening)

Ventral Stream Difficulties include:

- Inability to recognise familiar faces
- Difficulties route finding
- Difficulties with visual clutter
- Lower visual field loss

Severe Visual Impairment

- Pupils likely to be registered severely sighted/Visually Impaired or blind but still learning by sighted means
- Distance vision: 6/36 or 6/60 or worse. This means that the pupil can see at 6m what a fully sighted person could see from 60m. It represents a difficulty identifying any distance information, people or objects.
- Pupils would be unable to work from a white board in the classroom without human/technical support.
- Near vision: likely to have difficulty with any print smaller than 24 point. Print sizes must be in a range from 24 – 36, and materials will require significant differentiation and modification.

Initial Support – Range 2

NEEDS and CHALLENGES	<p>Vision Impairment children and young people may have difficulties with:</p> <ul style="list-style-type: none">• attention/ concentration• following instructions <p>children and young people may:</p> <ul style="list-style-type: none">○ rub eyes or complain of headaches○ hold things close to their face○ bumps into or trips over things○ may not record work properly from the board○ change behaviours
ASSESS	<ul style="list-style-type: none">• Observation: family or class/ subject teachers may have raised concerns that the children and young people (with no diagnosis) is experiencing difficulties with vision• In Early Years, children and young people may show a delay in early milestones The 2 year health check may identify• concerns that could link to vision.• Referral to health for a full assessment as required.• A full assessment would lead to a clear understanding of whether they have a vision impairment or not- which supports the developing knowledge of the child, and whether vision impairment is a contributory factor.

<p>PLAN and DO</p>	<p>Further Assessment:</p> <ul style="list-style-type: none"> • Ask family to take to a local optician for a vision test. • Refer to the school nursing hub (0300 404 2993)/ for the family to take to the local GP. • Speak to the child and family and the class teacher for more detailed information about their vision. • Where there is ongoing difficulty to access a vision test, make a referral to the Inclusive Learning Service Sensory Team - (01782 232538) <p>Strategies in the classroom:</p> <ul style="list-style-type: none"> ○ seating position ○ good lighting ○ reduction of background noise ○ checking for understanding with the pupil ○ use the pupils name to cue them in ○ use of visual or tactile resources • use resources with good contrast
<p>EXPECFTED OUTCOMES / REVIEW</p>	<ul style="list-style-type: none"> • The child/young person makes good progress in line with all peers. • The child/young person accesses learning alongside peers. • The child/young person is engaged as a member of the school's wider community. <p>Children and young people will be included in learning in a vision friendly environment. A Teacher of the Visually Impaired (QTVI) can give advice about good vision friendly environments.</p> <p>Useful links and evidence: The RNIB share lots of information for families and professionals.</p>

SEND Support – Range 3

NEEDS and CHALLENGES	<p>Vision Impairment The children and young people has a diagnosed vision impairment. (Typically NatSIP C3-B2, By Request- Half-Termly) The loss may be in: Distance Vision: In the range 6/18- 6/36 Near Vision: Requiring print size in the range N18- N24 Caused by Cortical Visual Impairment (CVI) Staff may observe issues with:</p> <ul style="list-style-type: none">• attention/ concentration• following instructions <p>The children and young people may:</p> <ul style="list-style-type: none">○ rub eyes○ hold things close to their face or move closer to notice boards○ bumps into or trips over things○ may make frequent copying mistakes○ change behaviours○ have poor hand-eye coordination <p>may work slowly</p>
ASSESS	<ul style="list-style-type: none">• Observation: how is the children and young people accessing learning in the classroom• Discussion: with the children and young people, setting/ school staff and family• The children and young people should be making good progress as monitored through the schools tracking systems• The ILS Vision Impairment Team will use the NatSIP Eligibility Framework to support a decision about the level of support. At this level typically, a child will fall between C3-B2 (By request- half termly)

PLAN and DO

- The children and young people should access learning alongside peers- with access to a differentiated broad and balanced curriculum.
- children and young people should be fully included in the life of the school.
- Follow advice and support from the Inclusive Learning Vision Impairment Team.
- Learning takes place in a vision friendly environment (As in Initial Support).

Strategies in the classroom:

- seating position
- good lighting/ manage glare
- reduction of background noise
- checking for understanding with the pupil
- use the pupil's name to cue them in
- use of visual or tactile resources
- use resources with good contrast
- Bigger, bolder, brighter!
- children and young people should not share text books or reading books
- Modification of teaching materials as advised by a QTVI
- Use of assistive devices as appropriate (e.g. laptop, ipad)
- Work on the whiteboard should have good contrast
- Additional time if the child tires
- Extra support may be needed for extra-curricular activities
- Clutter free classrooms and corridors

Interventions may include:

- Touch typing e.g. [Doorway Online](#) provide a free touch-typing resource
NatSIP have produced 10 Top Tips for professionals working with children and young people with a vision impairment or multisensory impairment, [NatSIP - A place to start...](#)

EXPECTED OUTCOMES / REVIEW

- The child/young person makes good progress in line with all peers.
- The child/young person accesses learning alongside peers.
- The child/young person is engaged as a member of the school's wider community.
- The child/young person shows a developing independence in the management of specialist equipment if appropriate.
- The child/young person shows a developing understanding of their vision impairment.
- The child/young person is able to self-advocate at a level appropriate to their age and needs.
- **Useful links and evidence:**
- [The RNIB have some useful advice for parents.](#)
- **Follow the links below for useful information about different Eye Conditions:**
- [Nystagmus](#)
- [Squint](#)
- [Cataracts](#)
- [Glaucoma](#)
- [Albinism - NHS \(www.nhs.uk\)](#)
- [Amblyopia](#)
- Information about visual impairment [Blindness and vision loss - NHS \(www.nhs.uk\)](#)

Enhanced SEND Support – Range 4

<p>NEEDS and CHALLENGES</p>	<p>Vision Impairment The children and young people has a diagnosed vision impairment. Typically at this level, NatSIP B1-A2, Monthly- Weekly. The level of loss is likely to be:</p> <ul style="list-style-type: none"> • Moderate • Severe • Profound (mainly a print user) <p>children and young people will have:</p> <ul style="list-style-type: none"> • A significant vision impairment <p>The loss may be in:</p> <ul style="list-style-type: none"> • Distance Vision: In the range 6/36- 6/120 • Near Vision: Requiring print size in the range N24- N36+ • Caused by Cortical Visual Impairment (CVI)
<p>ASSESS</p>	<ul style="list-style-type: none"> • Observation: how the children and young people is accessing learning in the classroom • The children and young people should be making good progress as monitored through the schools tracking systems • The ILS Vision Impairment Team will use the NatSIP Eligibility Framework to support a decision about the level of support. At this level typically, a child will fall between B1 and A2 (Half-termly – Weekly)

<p>PLAN and DO</p>	<ul style="list-style-type: none"> • Provision through differentiated QFT by class/ subject teacher incorporating advice from QTVI as necessary. <p>Provision as in SEN support, plus:</p> <ul style="list-style-type: none"> • Seek advice about appropriate provision from the QTVI or other outside agencies (e.g. EPS etc) as appropriate <p>Additional adults supporting the children and young people should:</p> <ul style="list-style-type: none"> • Have suitable training and advice from a QTVI • Reinforce lesson content • Deliver modified curriculum tasks. • Support effective use of specialist equipment. <p>Interventions may include:</p> <ul style="list-style-type: none"> • Touch typing delivered by a VI specialist • Habilitation and independent living skills support • Other specific interventions to address areas from the Expanded Core Curriculum (LINK to follow from NatSIP)
<p>EXPECTED OUTCOME / REVIEW</p>	<ul style="list-style-type: none"> • The child/young person makes good progress in line with all peers. • The child/young person accesses learning alongside peers. • The child/young person is engaged as a member of the school's wider community. • The child/young person shows a developing independence in the management of specialist equipment if appropriate. • The child/young person shows a developing understanding of their vision impairment. • The child/young person is able to self-advocate at a level appropriate to their age and needs. <p>Useful links and evidence as above plus:</p> <p>Guide dogs provide advice and information for families</p>

<p>NEEDS and CHALLENGES</p>	<p>Vision Impairment The children and young people has a diagnosed vision impairment. (Typically NatSIP A2-A1, weekly- daily) The level of loss is likely to be:</p> <ul style="list-style-type: none"> • Profound (mainly tactile learner) • There is likely to be little useful vision <p>children and young people will have: A significant vision impairment and be a tactile learner</p>
<p>ASSESS</p>	<ul style="list-style-type: none"> • Observation: how the children and young people is accessing learning in the classroom • The children and young people should be making good progress as monitored through the schools tracking systems • The ILS Vision Impairment Team will use the NatSIP Eligibility Framework to support a decision about the level of support. At this level typically, a child will fall between A2 and A1 (Weekly-Daily)

<p>PLAN and DO</p>	<ul style="list-style-type: none"> • Provision through differentiated Quality First Teaching by class/ subject teacher, with direct support, modelling and advice by a QTVI and specialist practitioners. The curriculum will have a strong experiential and tactile element. • Provision of modified resources by specialist practitioners (where the setting has provided planning and resources in advance) <p>Provision as in SEN support, plus:</p> <ul style="list-style-type: none"> • Seek advice about appropriate provision from the QTVI or other outside agencies (e.g. EPS etc) as appropriate <p>Additional adults supporting the children and young people should:</p> <ul style="list-style-type: none"> ○ Have suitable training and advice from a QTVI ○ Reinforce lesson content ○ Deliver modified curriculum tasks. ○ Support effective use of specialist equipment. ○ Act as a note taker ○ Support in the use of speech software <p>Interventions may include:</p> <ul style="list-style-type: none"> ○ Touch typing delivered by a VI specialist ○ Habilitation and independent living skills support ○ Other specific interventions to address areas from the Expanded Core Curriculum (LINK to follow from NatSIP)
<p>EXPECTED OUTCOMES/ REVIEW</p>	<ul style="list-style-type: none"> • The child/young person makes good progress in line with all peers. • The child/young person accesses learning alongside peers. • The child/young person is engaged as a member of the school's wider community. • The child/young person shows a developing independence in the management of specialist equipment if appropriate. • The child/young person shows a developing understanding of their vision impairment. • The child/young person is able to self-advocate at a level appropriate to their age and needs. <p>Useful links and evidence as above plus:</p> <p>Guide dogs provide advice and information for families</p>

Sensory and/or Physical Needs: PfA Outcomes and Provision
PfA Outcomes – Reception to Y2 (5-7 years)

Employability/Education	<ul style="list-style-type: none"> • Child will cooperate with self-care routines and medical routines, including those associated with any physical or medical conditions/diagnoses. • Child will access regulatory activities to support them to concentrate and maintain focus in the classroom.
Independence	<ul style="list-style-type: none"> • Child will cooperate with self-care routines, medical routines including those associated with any physical or medical conditions/diagnoses
Community Participation	<ul style="list-style-type: none"> • Child will be able to participate in team games, after-school clubs and weekend activities in accordance with their physical and medical capabilities.
Health	<ul style="list-style-type: none"> • Child will attend relevant health, dental, optical and hearing checks as required to promote good physical health. • Child will cooperate with self-care routines and medical routines including those associated with any physical or medical conditions/diagnoses. • Child will participate in sport and physical exercise in accordance with their physical/medical capabilities.

PfA Outcomes – Y3 to Y6 (8-11 years)

Employability/Education	<ul style="list-style-type: none">• Child will be able to access careers information, opportunities to meet role models/talks from visitors to school through adaptations and formats which consider physical, sensory or medical needs as appropriate to individual circumstances.
Independence	<ul style="list-style-type: none">• Child will be able to move around the school environment as required.• Child will begin to develop age-appropriate life skills to include basic cooking skills, awareness of transport and requirements for travel (tickets, timetables etc.), money in accordance with their physical and medical capabilities.
Community Participation	<ul style="list-style-type: none">• Child will be able to access after-school clubs, youth groups, sports teams, community-based groups in accordance with their physical and medical capabilities.
Health	<ul style="list-style-type: none">• Child will be able to manage minor health needs.• Child will make healthy eating choices and will engage in physical exercise in accordance with their physical/medical capabilities.

PfA Outcomes – Y7 to Y11 (11-16 years)

Employability/Education	<ul style="list-style-type: none"> • Child will be able to access work experience placements, voluntary work or part-time employment opportunities through adaptations and formats which consider physical, sensory and/or medical needs as appropriate to individual circumstances. • Child will understand supported employment options e.g. Access to Work • Child will be able to make smooth transitions to new settings to facilitate emotional wellbeing and support integration and inclusion.
Independence	<ul style="list-style-type: none"> • Child will be able to move around the school or work-based environment as required. • Child will demonstrate age-appropriate independent living skills to include cookery, access to local transport, money and time management in accordance with their physical and medical capabilities.
Community Participation	<ul style="list-style-type: none"> • Child will be able to access transport options within their physical and medical capabilities to facilitate independence and community participation. • Child will be able to access community-based groups/activities in accordance with their physical and medical capabilities.
Health	<ul style="list-style-type: none"> • Child will be more independent in managing more complex health needs in accordance with their physical and mental capabilities. • Child will attend their annual health check with their GP if registered as having a learning disability.

Provision: Please refer to detail provided within the Teaching and Learning Strategies and Interventions sections: Physical, Medical and Sensory Needs: HI, VI, Physical and Medical Needs.