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Case Study

Module Code: M6X02187

Module Title: Diversity of Learning

Assessment Component 1 – 50%

Written assessment: 2500 words equivalent

Appendix 1

Speech and Language Therapy Department

Summary of Progress

Child's Name	
Date of Birth	Age:
Address	
School	

Therapist's Name	
Date of Report	22.08.13

1. Introduction

has received specialist intervention from the Speech and Language Therapy Schools Team this academic year. This has consisted of 1:1 therapy sessions, alongside advice and discussions with school staff. Sessions have been fed back to Mum via his home/school book.

has a diagnosis of Autistic Spectrum Disorder and associated learning difficulties. He is also awaiting surgery at Morriston Hospital to repair his palate.

2. Progress

is able to work well during therapy sessions when he is motivated. He usually works for around 15 minutes before he becomes unfocused. Some therapy sessions have been missed because he has either refused to attend or has been asleep when I come to school.

language skills are in line with his diagnosis. He is able to communicate his ideas and needs through spoken sentences, answer and understand a variety of questions and instructions.

speech production skills are the main barrier to his communication skills. He is awaiting an operation to repair his palate which has led to velopharyngeal dysfunction. This means that because the palate does not function as it should, sounds that should be made through his mouth are directed through his nose causing the hypernasal sounds.

An extract cut from a Speech and Language Therapy (SALT) report written in 2013.

Understanding

was able to respond to what questions appropriately during the session. He was sometimes able to respond to who questions but was unable to respond to where questions.

Expressive Language

is able to use functional simple sentences. He is able to use pronouns, adjectives and some prepositions e.g. "he putting it on the chair." His use of the past tense is emerging. appeared to have a limited verb knowledge. He makes grammatical errors however they do not affect the meaning of the message he is trying to convey. is able to comment on pictures and what is happening during play e.g. "don't eat me!" He is also able to share his own thoughts and opinions e.g. "I like to go swimming." Most of his language use is spontaneous and self directed. He appeared unable to engage in a "conversation" however this should be investigated further as a rapport is developed.

3. Current Targets (These should be included in the child's IEP)

- To use /b/ in all word positions in spontaneous speech 90% of the time
- To use /t/ at the beginning and end of words at sentence level
- To use /m/ at the beginning and end of words at sentence level
- To use /d/ at the beginning of words at sentence level

4. Useful Communication Strategies

- Encourage to consistently use the consonant sounds he is able to produce through praise. E.g. yes it's a baby that was a really good /b/ sound.
- Encourage to name items in pictures with theses sounds when sharing a book and model back the correct articulation to see if he will copy.

Simple functional sentences– in line with Vygotsky's idea of language; functional from age of two, in line with developmental stage due to ASD diagnosis

Lots of self-directed speech ("private speech") - attempting to self-regulate and solve problems independently. Typical of ASD – struggle to involve others in thoughts and processes

Appendix 2

PART 2:

SPECIAL EDUCATIONAL NEEDS

████ has autism and severe learning difficulties. █████ sometimes interacts with staff and peers but prefers to be alone. █████ does not read or write and does not join in with activities. He is unable to look after himself and has poor coordination; his behaviour can be challenging and sometimes violent. It is reported that █████ finds it difficult to know what is right and wrong and dislikes being told to stop or being told no. Advice also notes parental concerns regarding █████ head banging pinching himself and his lack of a sense of danger. █████ is also reported to have a limited diet, consisting of crisps, biscuits and cereal.

████ displays typical characteristics associated with autism. He is reported to be able to count and knows his colours, but needs individualised help to complete tasks. He is also reported to have difficulties with interactions and communication with peers.

Medical advice reports that █████ was diagnosed with classical autism in 2007. He is fully mobile and can feed himself, but only likes a restricted diet of cereal and crisps. He is able to undress if he wants to but needs help otherwise. It is noted that █████ insists on wearing something orange. No concerns with hearing and vision are noted.

Advice received from the Paediatric Occupational Therapy Department notes that █████ displays right hand dominance; his fine motor skills are at an age appropriate level.

████ is independent with undressing; he is noted to independently put on shoes with Velcro, and his coat, including the zip. However █████ requires some assistance from his parents with all other areas of dressing.

████ has a very limited diet consisting of cereal (without milk), crisps, yoghurts and occasionally a pot noodle. █████ can independently feed himself with a spoon, but he does not use any other cutlery at present, as his limited diet does not require the use of a knife or fork.

████ wears nappies in the day and night, he has some awareness of when he is wet or soiled and he is not showing signs of being ready for toilet training.

████ displays limited play and social skills; his play is rigid and structured. █████ will play alongside his peers but does not interact with them.

████ has significant sensory processing difficulties; however it is felt that some of his sensory needs are exacerbated by the frustration caused by his communication difficulties. It is reported that █████ spends large portions of his day in sedentary play and often appears unaware of activities or children around him. █████ was observed to enjoy water, sand and finger painting.

Advice received as part of █████ annual review dated 12.06.12 from the Occupational Therapy Department notes that █████ will now be discharged from this service as it is felt that his functional abilities are commensurate with his level of learning. █████ will continue to benefit from a high ratio of adult support at school to provide a graded multi-sensory program of work to continue to develop his skills.

Page 2 of 7

The report from the educational psychologist notes that █████ was reported to have been a fairly passive child in his early years and concerns presented relating to developmental delay. █████ was reported to have had no speech, no verbal understanding and no symbolic play. █████ was also reported not to have demonstrated physical affection towards his parents, playing on his own and being oblivious to other people. █████ was also noted to perform tasks in a prescribed routine and became upset if others interfered. █████ was also reported as having prolonged temper tantrums where he would not permit others to comfort him.

████ also displayed impairments in social recognition, social communication and social imagination from an early age. It is reported that █████ eye contact has improved with people he feels comfortable with but in general it is still very limited with peers and strangers. █████ is described as a child very much in his own space.

Advice received from the Speech & Language Therapy Service in response to █████ annual review dated 12.06.12 notes that █████ has delayed receptive and expressive language skills. █████ is able to follow simple verbal instructions and he responds well to the highly structured classroom environment. █████ is able to communicate his thoughts and needs using well structured sentences. Advice received from the Speech and Language Therapy service in response to the annual review dated 26.02.15 notes that █████ was discharged from the service on the 18.09.14 as he has made good progress since his operation in September 2013 and he is now generally intelligible in conversations. He still has residual difficulties with the 'k' sound but school and parents are well aware of appropriate strategies to support this sound.

Updated information from █████ Annual Review █████ indicates that █████ is able to give appropriate answers to questions asked and is working on extending his answers. █████ readily uses a timetable throughout the day and continues to improve his level of concentration when listening to a story or discussion. █████ uses strategies such as working towards cards and verbal prompts of first and then during his tasks. █████ has a good rapport with staff and is able to complete his tasks in his own time. █████ is able to follow appropriate behaviour and is increasing his sense and understanding of personal safety.

An extract from Child A's statement of special educational needs (SEN) dated 2014. Statements of SEN are updated annually and are made up of comments and recommendations from a range of agencies that work with the child; i.e. teachers, SALT, physiotherapists and educational psychologists.

Appendix 2 cont.

Educational Provision to Meet Needs and Objectives

██████████ will have full access to the National Curriculum and Religious Education. It will be the responsibility of the school to modify and differentiate the National Curriculum, as appropriate to take account of his particular needs. At the relevant time appropriate modification or disapplication of testing arrangements will be made by ██████████ school.

In order to meet the needs specified in part 2 and the objectives specified in the preceding section, ██████████ will receive:

A quiet and highly structured learning environment that specifically meets the needs of pupils with the diagnosis of Autism and severe learning difficulties.

The use of educational programmes that encompass the use of visual stimuli and computer aided work. ██████████ will require a visual communication system. This environment will enable ██████████ to extend his communication, speech and language skills.

Educational programmes that encompass spatial awareness, sensory integration and development of the vestibular system, such as trampolining, running, swimming and computer-aided work may all help ██████████ further in his development. This environment

Research suggests that an environment that is over or under stimulating can affect how children with ASD learn.

Appendix 3

will enable [REDACTED] to extend his fine and gross motor skills. He will require continued intervention and support, as deemed appropriate by other services such as Occupational Therapy.

~~Advice received from the Speech & Language Therapy Service notes:~~

~~[REDACTED] was discharged from the service on the 18.09.14.~~

Opportunities to extend his concentration without unnecessary interruptions. He will be provided with work that is carefully differentiated, matched to both his functional level and level of understanding.

Tasks that are matched to his existing concentration span and increased in small increments thus encouraging further development of concentration skills. [REDACTED] will be encouraged to complete all tasks offered to him. He will be given a structured reward system, ample praise and encouragement.

Ongoing daily observation and detailed records ensuring [REDACTED] Individual Education Plan (IEP) is addressing his specific needs.

A highly structured programme of work in basic literacy. The programmes will be multi-sensory. Acknowledgement will be made of his functional skills.

A highly structured programme of work in basic numeracy. The programmes will be multi-sensory. Acknowledgement will be made of his functional skills.

A highly structured behaviour programme that has clear basic rules and clear boundaries established. This will need to be established in consultation with [REDACTED] parents and external agencies involved with [REDACTED]. [REDACTED] will be made aware of his individualised behaviour programme of any educational provision he accesses. [REDACTED] parents will be made aware of the behaviour policy of any educational provision he accesses. [REDACTED] will be expected to conform to his programme and the social norms of his educational setting when interacting with staff, peers and other persons. [REDACTED] will be encouraged to develop further his parallel and collaborative learning skills.

Opportunities to be supported in his learning of how to transfer his social behaviours learnt in his educational setting to those social behaviours expected in his community / home setting and vice versa.

A personal, social and health education programme. [REDACTED] will need to access leisure facilities and outdoor activities, in order to encourage him to develop his social communication skills and his life skills in environments that encompass enjoyment alongside learning.

Lots of opportunities to develop his life skills within the community.

measurable, attainable, realistic and time-related. Every attempt will be made to involve [REDACTED] in choosing targets to be included in the IEP. IEP targets should be reviewed regularly by the school, parents, [REDACTED] and relevant professionals.

[REDACTED] statement will be reviewed annually and the first review will be held within 12 months of the date of the final statement. The school is responsible for organising the review and inviting the relevant people to attend. [REDACTED] will be invited to contribute his own views and concerns, along with his/her parent(s). Any other agencies involved will be invited to contribute to the review either by written reports or attendance at the review meeting.

The annual review may recommend that a statement be maintained unamended, amended or ceased.

An extract from Child A's statement of SEN written in 2019.

Humanism—differentiating work and individualising teaching styles to suit the child.

Behaviourism—Learning is directly influenced by the environment. Learning takes place through consistent rewards and sanctions.

Fleming's VARK learning styles—Learning through a range of approaches; sensory, auditory, visual and kinaesthetic.

Behaviourism—learning through consistent rewards and sanctions.

Vygotsky's social learning theory—children learn through support of a 'more knowledgeable other'

Bandura's social learning theory—learning through observing others and imitating behaviours

Involving the child in their own learning—Humanist approach

Appendix 4

Present Functioning:

█████ was seen for a review of his Occupational Therapy needs by ██████ (Paediatric Occupational Therapist) at ██████ on 7th August 2009 with his father present.

Fine motor, pre-writing and play skills:

- ██████ displays consistent right hand dominance. During the review he held the pencil in an emerging tripod grip to copy basic pre-writing shapes. Kyal also drew the number 3 repeatedly. His pencil grip and fluency have significantly improved.
- ██████ was able to build a tower of small blocks using a pincer grip.
- He played with stickle bricks for a few minutes, to make 'Pablo's magic flute' from Dora the explorer, displaying an improvement with his construction and imaginary play skills.
- ██████ continues to enjoy lining up objects and toys, his father reported at home he will put toys in a circle and run around them.
- ██████ independently completed a shape matching puzzle and named the shapes correctly. He was also able to count to five on his fingers.
- ██████ continues to need lots of adult encouragement and prompting to change activities or transition to a different activity, as he will spend large amounts of time in repetitive play.

Independence skills

- ██████ is independent with dressing and undressing. His parents assist him to dress on school days due to limited time.
- ██████ will independently take himself to use the toilet at home. He continues to use nappies at school and when out for the day with parents. He is much more confident when the toilet flushes and is no longer fearful of the noise. A structured toilet timing plan will assist ██████ with his toileting skills.
- ██████ enjoys having a bath and is happy to have his teeth brushed.
- Due to his limited diet, ██████ does not eat any food that requires the use of a knife and fork. He is able to feed himself cereal and yoghurt with a spoon.

Child A is capable of solitary play, but is not yet capable of playing alongside or with another person.

This is in line with his ASD diagnosis and stage in terms of child development—Piaget

Repetitive and structured play—typical of ASD children

Sensory processing

█████ father reported that ██████ has not banged his head for the past four weeks.

This behaviour can still occur when ██████ is frustrated or his parents are unable to him allow to do an activity that he wants. ██████ is due to be seen by the Orthotics department at Kenshole Children's Centre to be fitted with a safety helmet. The safety helmet should be used when his parents feel he is at significant risk of injuring himself.

█████ enjoys playing with water, sand and finger paints. He also enjoys the sensory rooms at school.

Therapy plan:

█████ will now be discharged from the Occupational Therapy service, as it is felt that his functional abilities are commensurate with his level of learning. ██████ will continue to benefit from a high ratio of adult support at school to provide a graded multi-sensory program of work to continue to develop his skills.

Support from an adult—Vygotsky's social learning theory

Multi-sensory approach—Vygotsky's learning styles