



Stanton Vale

SCHOOL

Admissions Policy

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Introduction

In accordance with the Education Act 1996 this policy describes the particulars of the arrangements for the admission of pupils to Stanton Vale School. Placement to school is made by the Local Authority following the Code of Practice.

Admissions Criteria

Stanton Vale provides predominantly for pupils who have an Education Health Care Plan (EHCP), which identifies their primary needs as Severe Learning Difficulties, Complex Learning Difficulties, Multi-Sensory Impairments, Autism/Communication and Physical Impairments.

Pupils may have one or more impairments that are interrelated i.e. Severe Learning Difficulties and Autism.

Definitions of needs are given below:

Severe Learning Difficulties (SLD)

The group of children occupying these places will include both the essential characteristics, to an extent that is disabling in ordinary contexts.

Essential Features

- a. Severe cognitive immaturity, affecting thought, perception, memory, language, adaptive and academic skills. The general functioning of such children in these areas will be delayed. Formal or abstract thinking will be extremely slow to develop.
 - Pupils occupying these places will, despite appropriate learning opportunities, exhibit academic attainments typical for a child of half their age.
 - For children with these characteristics there is a need for a finely structured curriculum and detailed teaching programmes to introduce and reinforce learning. Input from speech therapists and/or consultation with advisory/support staff may be needed.
- b. Social immaturity, affecting self-care, independent living skills and social group skills.
 - Pupils occupying these places will, despite appropriate learning opportunities, display social competency skills more appropriate to a younger child, e.g. at age 10, 10 at age 15.
 - Generally, such children will need to be taught and managed in a smaller group and will need to be taught self-care and independent living skills such as dressing, shopping, turn-taking, cooking and interpersonal relationships.

c. Possible additional features

1. Health problems, requiring close medical oversight and frequent treatment

2. Poor communication skills, oral and/or written
 3. Difficulties in fine and gross motor skills
- Children with these characteristics will generally require regular medical oversight and careful attention to speech, language and basic academic teaching, with advice from paramedical therapists and/or advisory/support staff if necessary.
 - Poor attitudes to or habits of learning including short concentration span, distractibility, poor motivation and resistance.

Such pupils will have been identified as needing the following features of provision:-

- Skilled teaching in smaller groups or with frequent additional adult attention in class to differentiate the curriculum.
- There will need to be close partnership with parents of children with the above characteristics. Parents and carers are likely to need help with the development of skills to complement the school's provision.

Exceptional Learning Difficulties (ELD) - Including Profound and Multiple Learning Difficulties

These places are intended to reflect the resource needs of children with the following essential features.

Essential Features

Either

1. Profound mental immaturity, the person in childhood having the social competence skills and dependency needs more typical of a child one fifth of their age or younger, and by late adolescence not exceeding (or seeming unlikely to exceed) the typical skills of a child of two years.

“Mental immaturity” denotes long-term delay or cessation of development across a broad range of social, communication, self-care, learning and adaptive skills that rely on central organisation processes.

Or

2. Severe physical and/or sensory disabilities or other medical conditions resulting in total dependence, despite any mechanical or technological aids, in the following 3 areas:-
 - for mobility both environmental (moving about the building) and personal (unable to change body position without some assistance)
 - for basic self care – toileting, feeding

- for effective communication (unable to communicate needs-dependent on staff interpretation of body movements/language).

Such pupils will have been identified as needing the following features of provision. Children displaying these characteristics often require some combination of the following in school:

- substantial time and specialist staff skills to plan a curriculum the delivery of detailed programmes to teach basic sensory responsiveness; attention and social responses, and also basic mobility and co-operation; physiotherapy and/or mobility aids are frequently required; a variety of specialist therapeutic approaches may be needed;
- frequent teaching via alternative special modes of communication, e.g. gesture, a signing or symbol system, sensory stimulation or objects of reference;
- a high level of trained skills in members of staff. Specialised micro technology may be required;
- a safe environment offering skilled supervision to ensure their health and safety; frequent personal assistance with movement, eating and toilet;
- close medical oversight, access to nursing and/or skilled education care officer support.

Multi-Sensory Impairment – (Deaf-Blind)

The term deaf-blind is used to describe a heterogeneous group of children who may suffer from varying degrees of visual and hearing impairment, perhaps combined with learning difficulties and physical disabilities which can cause severe communication and educational problems. A precise description is difficult because the degrees of deafness and blindness, possibly combined with different degrees of other disabilities are not uniform, and the educational needs of each child will have to be decided individually.

Funding for these particular places is intended to recognise the needs of children with the following characteristics:-

Essential Features

1. Severe loss in both modalities – sight and hearing

Pupils occupying these places will have:-

- severe hearing loss which results in poor auditory functioning, as well as
- severe visual loss which results in poor visual functioning

These may or may not be medically diagnosed. If not, these pupils will be undergoing both medical and educational assessment of their functional sight and hearing.

2. Inability to communicate in any conventional or augmented communication system without intensive support.
3. A level of cognitive development which is predicted to be no lower than that of children occupying SLD places.

Such pupils will have been identified as needing the following features of provision:-

Activities to stimulate the use of residual vision and hearing together with the full exploitation of touch, taste and smell. These activities will need to include strategies aimed at promoting the joint use of senses in order to develop the child's capacities for receiving, processing and making use of incoming information and formulating and organising ideas and actions leading to self expression.

The curriculum for a deaf blind child will need to accord a high priority to the development of a communication system, e.g. coactive signing; braille; idiosyncratic communication, to maximise the use of the combined senses and physical abilities both for reception and expression and to foster relationships. In addition, the child will need to acquire self-help and independence skills.

There would probably be a need for an intensive period over a period of a term by a qualified and experienced professional in order to identify the child's responses to routines, communication and general stimulation.

Deaf-blind children will also require orientation and mobility training to enable them to move with safety and confidence in familiar and unfamiliar surroundings. Some may have additional physical difficulties and will require appropriate motor programmes specific to these difficulties. There may also be the need for environmental adaptations.

Deaf-blind children will also require a carefully planned school behaviour programme.

There will be a need for intensive home/school liaison and health problems will require close medical oversight and frequent treatment.

Severe Communication Difficulties (COM) – Autism

Places for this area of need will attract resources intended to reflect the needs of children who are within the autistic continuum and who manifest to a very seriously disabling degree some combination of all three essential features.

Essential Features

1. A serious impairment of social relationships. This may present as aloofness and indifference to others. Other individuals may accept social approaches by others or make social approaches that are one-sided and which may solely reflect an idiosyncratic preoccupation.
2. A serious impairment of social communication. In its most extreme form there will be an absence of any apparent desire to communicate with others. Some individuals will confine communication to the expression of their needs or to factual comments that are not part of a social exchange and take no account of the social context.
3. A serious impairment of social understanding and imagination. In the most serious cases, individuals will appear to be unaware of the world about them and will not engage in copying and pretend play. Others may copy the actions of others, but without showing any real understanding of their meaning and purpose. Any play will remain stereotyped and repetitive.

Such pupils will have been identified as needing the following features of provision:-

- To be taught in small groups, occasionally on an individual basis, in order to learn basic social responses and co-operation skills.
- For highly structured teaching of basic comprehension skills and language structures, under the guidance of a speech and language therapist and perhaps using an alternative symbol or sign system.
- Supported experience of carefully managed social settings in which they are exposed to appropriate role models. Structured programmes to assist the development of symbolic and co-operative play may be needed.

Severe Physical Impairment (Phys)

These would be of at least the degree of severity where Health Service involvement would ordinarily have been specified on the Statement to provide regular oversight and medical or paramedical therapy, nursing care or mobility aids. Places for children with medical conditions not requiring active medical/paramedical provision would ordinarily be resourced according to any associated learning, developmental or emotional/behavioural difficulties.

The group of children occupying places funded at this level will frequently include some with learning, sensory or emotional difficulties in addition to their physical impairment. The resource level set is intended to reflect overall the needs of children covering this wide range of ability.

Essential Features

1. Severe impairment of motor functions, affecting dexterity or mobility within school, which may also be accompanied by speech and communication

difficulties. These would, without intervention, directly obstruct or hamper the child's access to the curriculum.

Such pupils will have been identified as needing the following features of provision

An adapted learning environment and/or special equipment. Generally they will need individual help to achieve participation in ordinary academic or social activities. They may also require physiotherapy and specialist input in relation to speech and communication.

2. Other medical conditions (chronic illness, impairment or injury) directly impairing learning, attendance, social or motor functions or threatening life or safety. These might include severe forms of epilepsy, kidney failure and brittle bone disorder.

Such pupils will have been identified as needing the following features of provision.

- Close medical oversight, frequent treatment or medications and access to medical assistance

Process of Admission

Admissions to Stanton Vale are decided by the Special Needs Section at County Offices, Matlock and are governed by the Local Authority policy made in line with the Department of Education's "Code of Practice for the Assessment of Children with Special Educational Needs". The number and type of pupil places bought at the school are determined by the LEA and are administered through the formula funding process.

Prospective parents are always welcome to visit the school, either informally or following the recommendation of the Local Authority and part of the statementing process. Parents have an introductory meeting with the Headteacher and then are shown round the school, with special attention given to the department and the class the child is likely to join. Parents are given information about Stanton Vale during the visit to the school and through the School Brochure. Parents are also encouraged to access the school website

It is then the Special Needs Section at Matlock who via panel meetings make a decision to place a pupil at Stanton Vale and send a letter to the Governing Body informing them of their intention and issue the relevant paperwork for school to give comment on as to whether it is felt placement would be appropriate to need.

The Governing Body then have 10 days to respond to this letter of intention. If there is a pupil place available at the school and it is appropriate then the Governing Body agree to the placement.

School Day Places

The designated school pupil number is 85. The number of places funded by the Local Authority varies on an annual basis according to the number of pupils on roll, this then identifies the Band for funding that is given to school. Placements are from 2 – 19 years and the number of pupils within each age phase can vary on an annual basis.