

---

**RECORDING SEN AND MEDICAL CATEGORIES**

**GUIDANCE FOR SCHOOLS**

---

## **FOREWORD**

The collection and recording of standard information about pupils in schools with special educational needs (SEN), across the Education Authority (EA) and schools is essential for the Department of Education (DE) and the EA to assist in special education policy development and planning; identification of current and future funding needs; monitoring trends and providing answers to queries about data (specifically about pupils with special educational needs.)

A full review of SEN categories was undertaken in 2017/18 and consequently a new list of SEN categories and associated descriptions have been created. The purpose of this guidance is to highlight the changes which are to be implemented from January 2019. This guidance should be used to help schools determine the most appropriate SEN category or categories which can be recorded for pupils with SEN – this will allow the creation of the school's 'SEN Register.' In addition, there is now a comprehensive list of medical categories, with associated descriptions, these relate to diagnosis/diagnoses of medical conditions which can be recorded on SIMS – this will allow the creation of the school's 'Medical Register.'

The categories contained in this guidance are for use by schools, the EA and the Department of Education. Schools are asked to ensure the correct SEN and Medical categories are recorded on their SEN and Medical Registers within the School Information Management System (SIMS) for the **2019 school census**. EA has provided training for special educational needs coordinators (SENCOs) and other school staff in the use of SEN categories within SIMS. Pupils with a medical diagnosis/es who do not have an associated special educational need (SEN) should be recorded on a school's Medical Register only. Any pupil with a medical diagnosis who requires special educational provision or has been assessed in other SEN categories should be recorded on the school's Medical Register and also on the SEN Register.

---

The review was carried out by a working group consisting of DE officials, EA professionals and schools' representatives. Medical expertise was provided by the Department of Health, who provided the medical categories and the associated descriptions. The Department would like to thank all those who provided their professional expertise and contributed to the creation of the SEN and Medical categories and descriptions.

---

## **CONTENTS**

	<b>Page</b>
Introduction	1
Purpose of the Guidance	3
Changes to Special Educational Needs (SEN) categories	3
How to decide what SEN category or categories to use	4
How to decide which Medical category or categories to use	5
How to decide what pupils to record	7
Enquiries	8
<b>ANNEX 1</b> List - overarching and specific Special Educational Needs (SEN) categories	9
<b>ANNEX 2</b> Descriptions – overarching and specific SEN Categories	10
<b>ANNEX 3</b> List - Medical diagnosis categories	20
<b>ANNEX 4</b> Descriptions – Medical Diagnosis (including physical conditions) categories	21
<b>ANNEX 5</b> Useful Websites	30

---

## Introduction

1. The Department of Education (DE), the Education Authority (EA) and the school sector require common special educational needs (SEN) categories in order to provide accurate information about the numbers of pupils in Northern Ireland with different types of SEN for whom educational provision is being made. For the purpose of this guidance the explanation of 'special educational needs' and related expressions are those used in the Education (Northern Ireland) Order 1996<sup>1</sup> as follows (taken directly from the legislation):
  - (i) "Special educational provision" means 'educational provision which is additional to, or otherwise different from, the educational provision made generally for children of his age at an ordinary school.
  - (ii) A child has "special educational needs" if he has a learning difficulty which calls for special educational provision to be made for him; and a child has a "learning difficulty" if –
    - a. he has a significantly greater difficulty in learning than the majority of children of his age, or
    - b. he has a disability which either prevents or hinders him from making use of educational facilities of a kind generally provided for children his age in ordinary schools, or
    - c. he has not attained the lower limit of compulsory school age and is, or would be if special educational provision were not made for him, likely to fall within sub-paragraph (a) or (b) when he is of compulsory school age.
2. The collection and recording of standard information about pupils in schools with special educational needs (SEN), across the EA and schools is essential for DE and the EA to assist with:
  - special education policy development and planning;

---

<sup>1</sup> [Part II, Article 3 \(1\) \(2\) of the Education \(Northern Ireland\) Order 1996](#) provides the definitions used above.

- 
- identification of current and future funding needs; and
  - monitoring trends and providing data on pupils with special educational needs.
3. The SEN categories form the basis of all SEN related management information for use by the Department, the EA and schools.

---

## Purpose of the Guidance

4. The purpose of this guidance is to reinforce the process for placing children on the SEN Register and to introduce the revised SEN categories and associated descriptions to reflect contemporary language used to describe SEN and to promote a common understanding of what is meant by a particular SEN category. Furthermore, separate Medical Diagnoses (including physical conditions) categories and relevant associated descriptions are being introduced.
5. This has resulted in corresponding software changes being made to the School Information Management System (SIMS). These changes will take effect between the end of December 2018 and during January 2019.
6. The revised SEN categories should be used for recording and capturing information about pupils with special educational needs for inclusion in the October 2019 DE annual school census.
7. In addition, the new medical categories are also to be recorded, which will facilitate the recording of any medical diagnosis/es. This information, SEN and Medical, will be used to generate the SEN and Medical Registers.

## Changes to Special Educational Needs (SEN) categories

8. The categories have been revised to ensure that the most appropriate category for SEN pupils is recorded on SIMS. The most significant changes relate to the development of a more comprehensive set of medical diagnoses categories, which includes Autism Spectrum Disorder (ASD) and the removal of the 'MILD' SEN category.
9. Pupils with a diagnosis of ASD should now be recorded on the Medical register and consideration given to the ASD medical description (see **Annex 3**) to ascertain if a particular SEN is applicable. SENCos and teachers should be precise when

---

determining if a pupil with a medical diagnosis of ASD also has an associated SEN and only those who require special educational provision should be recorded on the SEN register.

10. Mild will no longer be a valid option when choosing a SEN category, therefore pupils who are currently recorded as Mild and who are to remain on the Register, must be given a more appropriate SEN category e.g. Cognition and Learning. If a pupil, previously recorded as Mild, is deemed not to have a SEN, they should not be recorded on the section of SIMS which deals with the recording of SEN.
11. A pupil with a disability who requires special educational provision to be made from either the school, the Health and Social Care Trust (HSCT) or the EA, should be recorded on both the SEN Register (under Physical Needs) and the Medical register.

### **How to decide which SEN category or categories to use**

12. Only pupils who have been placed on the SEN school register as required under the SEN Code of Practice should be recorded. A pupil's placement on the SEN register means that he/she has a special educational need which requires special educational provision described in legislation as 'educational provision which is additional to, or different from, the educational provision made generally for children of his age in ordinary schools.'<sup>2</sup>
13. If special educational provision is no longer required, consideration should be given as to whether a pupil has a SEN and indeed whether they should remain on the SEN register and recorded on SIMS. If not, the pupil should be removed from both.
14. Many pupils with SEN have more than one type of special educational need or difficulty. Schools are therefore asked to record information on each pupil's greatest or primary need and, where appropriate, their secondary needs (there is

---

<sup>2</sup> [Part II, Article 3 \(4\) of the Education \(Northern Ireland\) Order 1996](#) provides the definition.

- 
- no limit to the number SEN categories that can be recorded in total.)
15. If a pupil has a Statement, his/her learning difficulties will have been assessed in accordance with the SEN Code of Practice and will be described in Part 2 of the Statement. The SEN category or categories recorded should reflect what is contained in the Statement and the Statement will therefore ensure that primary and secondary needs are clearly specified.
  16. A pupil whose needs are being met at Stage 3 of the SEN Code of Practice may also have had assessments by educational psychologists, specialist teachers and others. Again, this information will help you to decide which SEN category or categories to record.
  17. However, should it prove difficult to identify a pupil's greatest or primary need or, where appropriate, their secondary needs, the pupil may be recorded under the overarching SEN category applying the same principle of the greatest or primary need or, where appropriate, their secondary needs.
  18. The SEN categories which fall under the overarching and specific headings and the short descriptions of each (contained in **Annex 1** – list - and **Annex 2** – descriptions, respectively) are intended to help you decide which SEN category or categories are the most appropriate to record.
  19. A number of voluntary organisations have more detailed descriptions and information about particular types of special need. A list of useful websites is attached at Annex 5 for your information.

### **How to decide which medical category or categories to use**

19. Most pupils will at some time have a medical condition. Some medical conditions may also affect the pupil's participation in school activities. For many this will represent a short term medical need, but for others this may signify a longer term illness or medical diagnosis. A pupil with epilepsy or autism spectrum disorder

---

(ASD), if not properly managed and supported within the school setting, may be prevented from reaching their full potential. These pupils are regarded as having a medical need or having a medical diagnosis.

20. Most pupils with a medical diagnosis are able to attend school regularly and, with some support, participate in everyday school activities. It is important to ensure that pupils with any medical condition, either short term or a longer term condition are recorded correctly on SIMS and that this information is used to create a medical register, which relates to the pupils who have been given a diagnosis/es.

21. Unlike identifying learning difficulties, neither teachers nor educational psychologists are qualified or responsible for diagnosing a pupil's medical or physical condition. Therefore schools should normally only record a pupil's medical diagnosis or physical condition on the medical register when evidence has been provided by the parent; or forwarded to the school by the EA (where it may be included in the statement); or directly from a Health and Social Care Trust (HSCT) practitioner who will have parental consent to share the information. There may be occasions when a school may need to record a pupil's medical diagnosis or physical condition on the medical register when evidence has not been received. Some examples of these occasions are detailed below.

- Recording information for health and safety reasons until more concrete evidence is received.
- Cases where parental responsibility is shared and the other parent has the relevant evidence.
- The family are asylum seekers and have no formal documentation.
- The parents have misplaced the paperwork etc.

22. Where there is evidence from a registered health professional or from the HSCT that a pupil has a medical or physical condition, the school, in addition to recording the pupil on a medical register, should be alert to any potential negative impact on the pupil's learning and participation in school.

- 
23. The revised medical categories and associated descriptions (attached at **Annex 3** – list and **Annex 4** - descriptions, respectively) are designed to assist in deciding which is/are the most appropriate medical category/categories for individual pupils with a medical diagnosis. This collective list (for all pupils in the school) can be used as the school's Medical Register.
  24. A pupil with a medical diagnosis or disability may or may not have a special educational need, but what is key is 'does the pupil have a requirement for special educational provision to access the curriculum.' Those who do not require special educational provision will be recorded on the Medical Register only and will not be placed on the SEN Register. Those who require special educational provision or who have been assessed in other SEN categories should be recorded in both.
  25. The medical information should be recorded on the Medical Register by the person responsible for updating and maintaining the Medical Register in school and shared with all staff, in particular, the Principal and the Head of Pastoral Care.
  26. For guidance in relation to the administration of medication needs and for details of roles and responsibilities, please access <https://www.education-ni.gov.uk/publications/supporting-pupils-medication-needs>

### **How to decide what pupils to record**

27. Pupils who are not on the SEN school register but who receive therapeutic or other health-related services from external agencies should not be recorded as having special educational needs.
28. Under-attainment may be an indicator of SEN but poor performance may be due to other school or home-based factors.
29. Lack of competence in the language used in school must not be equated with, or

---

allowed to mask, learning difficulties as understood in the SEN Code of Practice<sup>3</sup>. A pupil who falls outside the context of the SEN Code of Practice should not be recorded. At the same time, some pupils whose first language is not English may also have SEN.

## Enquiries

30. DE Circular 2018/19 updated schools about the recording of children with SEN and/or medical diagnosis/es. As detailed in that Circular please note that any enquiries regarding the School Information Management System (SIMS) software should be directed to the C2k helpdesk @C2k\_info helpdesk on 0870 601 1666. Any general enquiries regarding the recording of SEN or medical categories should be directed to the EA's SEND Implementation Administration Team ([Fiona.madden@eani.org.uk](mailto:Fiona.madden@eani.org.uk) or telephone 028 2563 7232).

---

<sup>3</sup> [Article 3 \(3\) of the Education \(Northern Ireland\) Order 1996](#) states: 'A child is not to be taken as having a learning difficulty solely because the language (or form of, the language) in which he is, or will be, taught is different from a language (or form of a language) which has at any time spoken in his home.'

---

## **ANNEX 1**

### **LIST OF OVERARCHING AND SPECIFIC SEN CATEGORIES**

#### **OVERARCHING SEN CATEGORIES**

1. COGNITION AND LEARNING (CL) – Language, Literacy, Mathematics, Numeracy
2. SOCIAL, BEHAVIOURAL, EMOTIONAL AND WELL-BEING (SBEW)
3. SPEECH, LANGUAGE AND COMMUNICATION NEEDS (SLCN)
4. SENSORY (SE)
5. PHYSICAL NEEDS (PN)

#### **SPECIFIC SEN CATEGORIES**

- 1. COGNITION AND LEARNING (CL) – Language, Literacy, Mathematics and Numeracy**
  - 1a. Dyslexia (DYL) or Specific Learning Difficulty (SpLD) – Language / Literacy
  - 1b. Dyscalculia (DYC) or Specific Learning Difficulty (SpLD) – Mathematics / Numeracy
  - 1c. Moderate Learning Difficulties (MLD)
  - 1d. Severe Learning Difficulties (SLD)
  - 1e. Profound & Multiple Learning Difficulties (PMLD)
- 2. SOCIAL, BEHAVIOURAL, EMOTIONAL AND WELL-BEING (SBEW)**
  - 2a. Social and Behavioural Difficulties (SBD)
  - 2b. Emotional and Well-being Difficulties (EWD)
  - 2c. Severe Challenging Behaviour (SCB) associated with SLD or PMLD
- 3. SPEECH, LANGUAGE AND COMMUNICATION NEEDS (SLCN)**
  - 3a. Developmental Language Disorder (SEN) (DLD)
  - 3b. Language Disorder (LD) associated with a differentiating biomedical condition
  - 3c. Communication and Social Interaction Difficulties (CSID)
- 4. SENSORY (SE)**
  - 4a. Blind (BD)
  - 4b. Partially Sighted (PS)
  - 4c. Severe/Profound Hearing Impairment (SPHI)
  - 4d. Mild/Moderate Hearing Impairment (MMHI)
  - 4e. Multi-sensory Impairment (MSI)
- 5. PHYSICAL NEEDS (PN)**
  - 5a. Physical (P)

---

## ANNEX 2

### **DESCRIPTIONS - OVERARCHING AND SPECIFIC SEN CATEGORIES**

There are five overarching SEN categories which can be used by schools when children are first placed on the SEN Register.

These include:

1. **COGNITION AND LEARNING (CL)**
2. **SOCIAL, BEHAVIOURAL, EMOTIONAL AND WELL-BEING (SBEW)**
3. **SPEECH, LANGUAGE AND COMMUNICATION NEEDS (SLCN)**
4. **SENSORY (SE)**
5. **PHYSICAL NEEDS (PN)**

Each of the five overarching SEN categories and their associated specific SEN categories, as well as fuller descriptions are provided in this document.

Schools should only record the specific SEN category on the SIMS SEN module following a more detailed assessment by the EA, if required, supported by evidence regarding programmes of intervention and pupil outcomes. The relevant specific SEN category descriptor(s) will be provided by the EA.

Evidence of any medical diagnosis provided by the Health and Social Care Trust will normally be provided to the school by the parent, as appropriate, accompanied by the relevant specific medical category/categories, which should be recorded on the new medical register on SIMS (see **Annexes 3 and 4**).

#### **Overarching SEN Category Description:**

1. **COGNITION AND LEARNING (CL) Language, Literacy, Mathematics, Numeracy**

Pupils can experience Cognition and Learning Needs (CL) for a variety of reasons and across a range of ability.

Pupils in this category may have difficulty with one or more aspects of their learning, which do not appear to be typical of their general level of ability or their performance across other areas of the curriculum.

Some pupils with learning difficulties will progress at a slower pace and have greater difficulty than their peers in all areas e.g. in acquiring basic language, literacy and numerical skills and in understanding mathematical concepts. They may also present with other difficulties associated with their cognitive learning difficulty e.g. with speech and language, social skills, concentration, self-esteem, self-help and independence skills.

---

Other pupils in this category may have difficulty with one (or more) aspect of their learning, which does not appear to be typical of their general level of ability or their performance across other areas of the curriculum, but is impacting on their progress in school.

Pupils may have language needs as a result of having expressive language difficulties which impacts on their verbal fluency, ability to form sounds, words, and sentences; or receptive language difficulties which impact on their comprehension in all subject areas. Pupils with language needs are more likely to experience difficulties in acquiring literacy. Pupils with literacy needs may struggle in one or all related areas e.g. reading, spelling and writing, as well as in understanding the written word.

Other pupils may have difficulties in numeracy, such as recognising numbers or in acquiring number facts and mastering numerical operations, which impacts on their understanding of mathematical concepts. Others will have a difficulty with understanding terms specific to numeracy/mathematics e.g. digit, subtraction etc. The abstract language of mathematics e.g. mass, shape, height and distance can also create barriers to learning.

Pupils in this category may also present with other difficulties associated with their cognitive learning difficulty e.g. social skills, concentration, self-esteem, self-help and independence skills.

To plan interventions with children, schools should access the wide range of guidance and support materials which have been provided by the DE, EA and voluntary organisations in addition to taking cognisance of the "Good Practice Guidelines".

## **Specific SEN Category Descriptions within CL:**

### **1a. Dyslexia (DYL) or Specific Learning Difficulty (SpLD) Language/Literacy**

The term Specific Learning Difficulty describes a collection of difficulties related to the way in which information is learned and processed. Specific learning difficulties affects one or more specific aspects of learning. This encompasses a range of conditions such as Dyslexia and Dyscalculia.

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 academic areas, and the characteristic features are difficulties with:

- Phonological processing
- Aspects of language including verbal processing speed
- Short-term memory
- Sequencing
- Motor function
- Organisational skills
- Number skills especially mental calculation
- Concentration and attention

---

## **1b. Dyscalculia (DYC) or Specific Learning Difficulty (SpLD) – Mathematics/Numeracy**

Pupils with Dyscalculia have difficulty acquiring arithmetical skills. Some pupils with Dyslexia also have difficulties with number and it is more likely that these accompany the language difficulties associated with Dyslexia.

Pupils with Dyscalculia will have difficulty understanding simple number concepts, lack an intuitive grasp of numbers, and have problems learning number facts and procedures. Their difficulties are often not typical of their performance in most other cognitive and academic areas. It is estimated that 'most dyscalculic pupils have cognitive and language abilities in the average range.' (British Dyslexia Association, 2005)

## **1c. Moderate Learning Difficulties (MLD)**

Pupils with moderate learning difficulties will learn at a slower pace and have greater difficulty than their peers in all academic aspects of the curriculum. On standardised tests of ability and attainment, they are likely to have levels at or below the second percentile i.e. the lowest 2% of age related peers.

They may also have needs associated with their learning difficulties in the areas of speech and language, self-esteem, concentration and immature social skills. Pupils with moderate learning difficulties require a differentiated curriculum and a multi-sensory approach to their learning. With tailored learning opportunities, the majority of pupils with MLD make good progress in mainstream schools.

## **1d. Severe Learning Difficulties (SLD)**

Pupils with severe learning difficulties have significant intellectual or cognitive impairments with attainment levels normally at or below the 0.1 percentile and will require a higher level of support than their age related peers in all areas of the curriculum and in most activities throughout the school day. They may also have difficulties with mobility, co-ordination, communication and perception. They will require experiential learning in order to develop their self-help, independence and social skills.

Pupils with SLD will require support to further their independence, and the majority will remain dependent on adults for aspects of their care. Some may communicate through the use of modified sign and symbols; however, many will be able to use basic functional language and enjoy learning, interacting and socialising with their peers.

Pupils with SLD will require provision that is additional to or different from their peers. The majority of parents elect to have a special school placements for their children with SLD. However, depending on their individual profile, some pupils with SLD make good progress in mainstream school with additional support and where this is the parental preference.

If a pupil has SLD this should always be recorded as their primary SEN due to the impact on their ability to access strategies or equipment to bypass other areas of SEN.

---

## **1e. Profound and Multiple Learning Difficulties (PMLD)**

Pupils with profound and multiple learning difficulties have significant and complex learning needs. In addition to severe learning difficulties, they will have significant SEN in at least two or three other areas, e.g. physical disability/sensory impairment/ and medical condition(s). They will require a high level of adult support, for both their educational and personal care needs. They are likely to require specialist equipment and support for their posture, feeding and intimate care. Many will have a Healthcare Plan.

The pupils will require sensory stimulation and a highly differentiated and graded approach to their learning provided by experienced staff. While most pupils with PMLD communicate by gesture, eye pointing or symbols, others have basic communication skills.

If a pupil has PMLD this should always be recorded as their primary SEN due to the impact on the child's ability to access strategies or equipment to bypass other areas of SEN.

---

### **Overarching SEN Category Descriptions:**

## **2. SOCIAL, BEHAVIOURAL, EMOTIONAL AND WELL-BEING (SBEW)**

Pupils can experience Social, Behavioural, Emotional and Well-being needs for a variety of reasons and across a range of ability.

Pupils recorded in this category will have difficulty in the development of their social, behavioural, emotional skills and well-being (SBEW). They may have immature social skills and find it difficult to initiate and sustain healthy relationships which is impacting on their learning and progress in school.

Pupils with these difficulties may present as withdrawn, isolated, challenging, disruptive or disturbed/distressed. A wide range of mental health problems may also be present. Difficulties can result from home and environmental circumstances, physical or mental illness, or psychological trauma.

Pupils with SBEW often require differentiated programmes of support to address their specific difficulties and to ensure that the necessary steps are taken to deliver interventions to the child. This may also include a risk assessment and risk management plan, or a Behaviour and Safe Handling Plan.

To plan interventions with children, schools should access the wide range of guidance and support materials which have been provided by the DE, EA and voluntary organisations in addition to taking cognisance of the 'Good Practice Guidelines'.

---

## **Specific SEN Category Descriptions within SBEW:**

### **2a. Social and Behavioural Difficulties (SBD)**

Pupils with SBD display a wide range of social and behavioural presentations which may include some periods of being withdrawn or isolated but will more commonly have a challenging, disruptive or disturbing presentation. These behaviours can inhibit the child's learning and progress and disrupt the education of others. In some cases, difficulties may arise from or be exacerbated by circumstances within the school environment e.g. sensory overload, changes in routine, fear of failure or poor peer relationships.

Some pupils with social and behavioural difficulties will have immature social skills and find it difficult to make and sustain healthy relationships with peers and teachers. These may arise from adverse childhood experiences, abuse, neglect, physical or mental illness, sensory or physical impairment, a specific learning difficulty or psychological trauma. Others may arise from a condition such as ADD, ADHD, Attachment Disorder or Autism.

If a child's Social and Behavioural difficulties are related to a medical diagnosis or physical condition and the difficulties are impacting on accessing the curriculum, the pupil should be recorded as having SEN in this category in addition to recording any appropriate diagnosis from the HSCT on the Medical Register.

### **2b. Emotional and Well-being Difficulties (EWD)**

As with SBD, pupils with EWD may experience and display a wide range of emotional and well-being difficulties which manifest themselves in a number of ways including presenting with isolated or withdrawn behaviour as well as some challenging, disruptive or disturbing behaviour.

The behaviour of the pupils to be recorded in this category are more likely to reflect underlying mental health disorders as identified by the HSCT such as low mood, anxiety, depression, self-harming, substance misuse, eating disorders or physical symptoms which are medically unexplained. The pupils are likely to be or have been supported by Child and Adolescent Mental Health Services (CAMHS.)

If a pupil's EWD difficulties are related to a medical diagnosis or physical condition and the difficulties are impacting on accessing the curriculum, the pupil should be recorded as having SEN in this category in addition to recording any appropriate diagnosis from the HSCT on the Medical Register.

### **2c. Severe Challenging Behaviour (SCB) associated with Severe Learning Difficulties (SLD) or Profound and Multiple Learning Difficulties (PMLD)**

Only pupils identified with SLD or very occasionally pupils with PMLD should be recorded in this category.

Pupils with SLD and PMLD often display SCB which functions to enable them to have their needs met and/or control their environment. These behaviours are normally pervasive, characterised by their frequency and intensity and will include unpredicted outbursts including assaults on others and uncooperative behaviour often accompanied by

---

obsessional habits. These behaviours will pose serious risk to self and others and can often result in damage to the environment.

In other cases sudden onset of SCB is often an indicator that a pupil is in pain or distress e.g. toothache, joint pain, or experiencing mental health difficulties, but the pupil is unable to comprehend or communicate their needs. In these cases appropriate treatment should alleviate the SCB and the category would no longer be appropriate.

Pupils with SCB will have had a risk assessment and will have a risk management plan and/or behaviour plan that will include any medication and safe handling requirements. They are likely to be involved with the HSCT services.

Pupils with SCB and SLD/PMLD, require close supervision in a modified and specialist setting where the staff are trained in Safe Handling and experienced in understanding and managing the needs of pupils with SCB. With the correct environmental adjustments a pupil's severe challenging behaviour can often reduce in frequency and intensity.

---

## **Overarching SEN Category Descriptions:**

### **3. SPEECH, LANGUAGE AND COMMUNICATION NEEDS (SLCN)**

Pupils can experience speech, language and communication needs for a variety of reasons and across a range of ability. This broad category covers a range of conditions affecting speech language and communication. Pupils can have difficulty with expressive skills (making themselves understood) and/or receptive skills (understanding). With appropriate school based interventions, pupils can make progress in relation to this.

Some pupils may have difficulties with the social and pragmatic aspects of communication and interaction. These pupils may require intervention to develop their linguistic competence in order to support their thinking, as well as their communication skills.

Other pupils have significant difficulties in speech and language which are not typical of their general level of performance in other areas of the curriculum. They may gain skills in some subjects and demonstrate ability in other areas, but encounter sustained difficulty in gaining speech and language skills.

To plan interventions with children, schools should access the wide range of guidance and support materials which have been provided by the DE, EA and voluntary organisations in addition to taking cognisance of the 'Good Practice Guidelines' to support pupils with SEN.

Please Note: Pupils whose first language is not English should not be recorded on the SEN Register in relation to speech, language and communication unless they also have a SEN.

---

## **Specific SEN Category Descriptions within SLCN:**

### **3a. Developmental Language Disorder (SEN) (DLD)**

Developmental Language Disorder (SEN) (DLD), is the term which is used when a child has speech and language difficulties, which are **not** associated with a known biomedical condition such as brain injury, neurodegenerative conditions, Cerebral Palsy, genetic conditions or chromosome disorders such as Down's Syndrome, Sensorineural Hearing Loss, Autism Spectrum Disorder, Acquired Epileptic Aphasia in childhood, or intellectual disability.

Pupils with DLD are likely to have significant language difficulties which create barriers to communication or learning in everyday life and are unlikely to resolve by five years of age. They are likely to persist over time.

Developmental Language Disorder (DLD) can occur with attention difficulties (e.g. ADHD), motor difficulties (e.g. CDC, Dysarthria), literacy, speech sound disorder, adaptive behaviour, auditory processing and behaviour/emotional problems.

Pupils with DLD will be known to the HSCT Speech and Language Therapists and in primary school are more likely to require provision that is additional to or different from their peers compared to the pupils in the other categories within Speech Language and Communication (e.g. Speech Language and Communication Class).

### **3b. Language Disorder (LD) associated with a differentiating biomedical condition**

Language Disorder is to be recorded as the SEN category when the pupil's speech and language difficulties occur as part of a more complex pattern of impairments or conditions. Such conditions include: brain injury; neurodegenerative conditions; genetic syndromes, e.g. Down's Syndrome; Cerebral Palsy; Sensorineural Hearing Loss and Autism Spectrum Disorder.

### **3c. Communication and Social Interaction Difficulties (CSID)**

Pupils with communication and social interaction difficulties present with persistent difficulties in the social use of verbal and nonverbal communication. These difficulties result in functional limitations in effective communication, social participation, social relationships and academic achievement.

The onset is in early development, but difficulties may not become fully manifest until they enter a group setting, when the difficulties begin to impact on learning.

Pupils in this category will have marked deficits in verbal communication, social impairment, limited initiation of social interactions, and reduced or abnormal responses to social interaction. Social relationships will most likely be impaired and those with difficulties in this area may present with challenging or withdrawn behaviour as the language they need to understand and use becomes more complex. They may also have difficulty understanding and/or using the social rules of communication. This cohort can include pupils with genetic syndromes, sensorineural hearing loss, neurological disease,

---

autism spectrum disorder or moderate or severe learning difficulty. Pupils who have Autism Spectrum Disorder and CSID are more likely to require provision that is additional to or different from their peers.

---

### **Overarching SEN Category Descriptions:**

#### **4. SENSORY (SE)**

Pupils can experience a wide range of sensory difficulties for a variety of reasons and across a range of ability. Whilst Sensory is primarily a medical need, it has an educational impact in respect of access to the curriculum. Pupils should only be recorded in one of the sensory categories if identified as having a special education need in one of these areas.

Early recognition, diagnosis, treatment and access to specialist support, equipment and provision of adaptations to the physical environment will be required for many. This is essential to ensure that the best outcomes are achieved for pupils with hearing and vision difficulties in language acquisition, academic achievement and emotional development.

Pupils with a SEN as a result of Sensory needs are likely to be known to the EA Sensory Services.

To plan interventions with children, schools should access the wide range of guidance and support materials which have been provided by the DE, EA and voluntary organisations in addition to taking cognisance of the 'Good Practice Guidelines' to support pupils with SEN.

### **Specific SEN Category Descriptions within SE:**

#### **Visual Impairment (V-I)**

Pupils with visual impairment cover the spectrum of ability. Visual impairment refers to a range of difficulties from minor impairment through to blindness. Pupils are considered to be visually impaired if they require adaptations to their environment and specific differentiation of learning materials in order to access the curriculum. Pupils in this category will be known to the EA Sensory Services and are likely to access adapted materials from the Regional Vision Resource Base (RVRB.)

#### **4a. Blind (BD)**

The World Health Organisation (WHO) definition of blindness based on visual acuity scores suggests that a child/or young person who is blind will have a score of <3/60. As well as digital resources, pupils who are blind or have very limited useful sight may benefit from tactile methods of learning, such as Braille and 3-D representations, alongside making optimal use of their hearing. Less than 10% of those registered blind are totally blind, most have some residual vision.

---

#### **4b. Partially Sighted (PS)**

This term is used to refer to pupils who have useful vision for school tasks, but require adaptations 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  $>3/60$ . A pupil who has vision corrected by spectacles should not be recorded in this category.

#### **Hearing Impairment (H-I)**

Pupils with hearing impairment cover the spectrum of ability. Pupils with a H-I will have difficulties that prevent or hinder them from making use of typical educational facilities. Difficulties in school can be age-related, and range from a mild hearing loss to those who are profoundly deaf, some may have a cochlear implant. Many pupils with a hearing impairment (HI) will require specialist support and/or equipment to access their learning. Adaptations to the environment may also be required. Pupils with hearing impairment cover the spectrum of ability.

#### **4c. Severe/Profound Hearing Impairment (SPHI)**

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

#### **4d. Mild/Moderate Hearing Impairment (MMHI)**

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

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

Pupils with multi-sensory impairment (MSI) have a combination of vision and hearing needs. They can also be referred to as having a dual sensory loss or deaf blind.

Many have additional disabilities, but their complex needs mean that it may be difficult to ascertain their intellectual abilities. Pupils need teaching approaches, which make effective use of their residual hearing and vision, together with their other senses. They will require alternative means of communication.

Those with MSI have much greater difficulties accessing the curriculum and the environment than those with a single sensory need. They will have difficulties with perception, communication, mobilising and acquiring information.

Incidental learning is limited and the combination of these needs can result in high anxiety, depression, isolation, loss of confidence and independence.

---

---

## **Overarching SEN Category Descriptions:**

### **5. PHYSICAL NEEDS (PN)**

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 may have a disability and require reasonable adjustments but do not have a special educational need. These pupils should be recorded on the Medical Register. For others, the impact on their education may be severe. Pupils with a medical diagnosis or a physical condition impacting on their physical needs will only be recorded on the SEN Register if special educational provision is required in school. In these cases, children should be recorded on the Medical Register and on the SEN Register.

To plan interventions with children, schools should access the wide range of guidance and support materials which have been provided by the DE, EA, HSCT and voluntary organisations, in addition to taking cognisance of the ‘Good Practice Guidelines’ and ‘Supporting Pupils with Medication Needs in School’.

### **Specific SEN Category Descriptions within PN:**

#### **5a. Physical (P)**

Pupils with a medical diagnosis or a physical condition will have SEN if external resources are required to meet their needs in school. They should therefore be recorded on the Medical Register (medical diagnosis including physical conditions) and also on the SEN Register (if special educational provision is needed.)

---

## **ANNEX 3**

### **LIST - MEDICAL DIAGNOSIS (INCLUDING PHYSICAL CONDITIONS) CATEGORIES**

- 1. Epilepsy**
- 2. Asthma**
- 3. Diabetes**
- 4. Anaphylaxis**
- 5. Autism Spectrum Disorder (ASD)**
- 6. Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)**
- 7. Dyspraxia/Development Co-ordination Disorder (DCD)**
- 8. Developmental Language Disorder (Medical) (DLD)**
- 9. Global Developmental Delay**
- 10. Down's Syndrome**
- 11. Complex Healthcare Needs**
- 12. Anxiety Disorder (includes social anxiety, phobia, school refusal, obsessive compulsive disorder)**
- 13. Depression**
- 14. Eating Disorder**
- 15. Psychosis**
- 16. Other Mental Disorder**
- 17. Cerebral Palsy**
- 18. Spina Bifida - with Hydrocephalus**
- 19. Spina Bifida - without Hydrocephalus**
- 20. Muscular Dystrophy**
- 21. Acquired Brain Injury**
- 22. Visual Impairment**
- 23. Hearing Impairment**
- 24. Physical Disability**
- 25. Other Medical Condition/Syndrome**

---

## ANNEX 4

### DESCRIPTIONS - MEDICAL DIAGNOSIS (INCLUDING PHYSICAL CONDITIONS) CATEGORIES

#### 1. Epilepsy

Pupils with epilepsy have a tendency to have epileptic seizures, with most of these happening suddenly and without warning. The pupil may pass out and later not remember what has happened.

Seizures can affect pupils in different ways including:

- Uncontrollable jerking and shaking, sometimes called a “fit” or “attack.”
- Losing awareness and staring blankly into space, sometimes accompanied by repetitive movements such as lip smacking or blinking.
- Becoming stiff.
- Strange sensations – such as a rising feeling in the tummy, unusual smells or tastes, or a tingling feeling in their arms and legs.
- Falling down suddenly/collapsing.

#### 2. Asthma

Pupils with asthma typically have episodes of wheezing, breathlessness, chest tightness and coughing. These episodes, sometimes called “attacks”, may occur particularly at night or in the early morning and can be triggered by a variety of factors including:

- Allergy e.g. dust, pollen, pets.
- Exertion/exercise.
- Cold air.
- Airway infections e.g. cold, flu.
- Air pollution, smoke.
- Emotional stress.

Pupils may take medication, often by inhaler, to minimise the occurrence of these symptoms.

#### 3. Diabetes

In diabetes a pupil’s blood sugar is too high and this may typically cause symptoms of feeling thirsty, drinking a lot of fluids, passing a lot of urine, feeling tired and losing weight. The pupil’s high blood sugar and symptoms can be managed by treating the pupil with insulin, which lowers their blood sugar and crucially minimises the long term effects from diabetes.

---

A pupil's blood sugar may also occasionally become too low, most commonly when he/she has taken too much insulin, skipped a meal or after unexpected exercise. The pupil may feel unwell, sweaty, shaky, dizzy, have palpitations, and/or become irritable and confused with unusual behaviour, slurred speech (as if drunk) and can collapse.

#### **4. Anaphylaxis**

Anaphylaxis is a severe allergic reaction which can occur within minutes of exposure to the particular substance (allergen) to which the pupil is allergic. Common allergens include nuts, fish/shellfish, bee/wasp stings, latex, penicillin, sesame, dairy products and eggs. Symptoms of anaphylaxis which a pupil may demonstrate include:

- Generalised flushing of the skin.
- Nettle rash (hives) anywhere on the body.
- Swelling of throat and mouth.
- Difficulty in swallowing, speaking.
- Sense of impending doom/anxiety.
- Severe asthma attack.
- Abdominal pain, nausea and vomiting.
- Altered heart rate (usually fast).
- Sudden feeling of weakness.
- Collapse/unconsciousness.

#### **5. Autism Spectrum disorder (ASD)**

While the characteristics shown by individual pupils with ASD will vary, depending for example on their age and how severely they are affected, they generally fall into three main areas:

##### **i. Communication**

Pupils have difficulties with both verbal (speaking) and non-verbal (eye contact, facial expressions and gestures) communication. Some pupils may not be able to talk at all or have very limited speech, while others may have good speech, but still have difficulty using their speech socially or to sustain a conversation.

##### **ii. Social Interaction**

Pupils have difficulties understanding the social behaviour of others and often have difficulty recognising and understanding their own feelings and those of other people around them, thus making it difficult to make friends. They may prefer to spend time alone or appear insensitive to others.

---

### iii. **Behaviour and Interest**

Pupils may prefer familiar routines e.g. same route to school each day, and find change difficult and distressing. They may have unusual, intense and specific interests e.g. lists of dates, or they may use toys in an unimaginative form e.g. as objects to line up. Pupils may have sensory difficulties such as unusual responses to smells, touch/textures, taste, sights and sounds and may be more sensitive to such stimuli than their peers. Some pupils may show unusual repetitive movements e.g. hand or finger flapping or complicated whole body movements.

## 6. **Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)**

Pupils with Attention Deficit Hyperactivity Disorder (ADHD) have underlying difficulties with attention, hyperactivity and impulsivity. Not all pupils have all the symptoms, some have difficulties with attention while others are mainly hyperactive. Pupils with ADHD can present with different behaviours depending on age, setting (i.e. school, home and playground) and motivation (when engaged in an activity which interests them.)

Pupils with Attention Deficit Disorder (ADD) can appear forgetful, distracted, not seeming to listen, disorganised, take ages to start doing things and then when they do, rarely finish them.

Pupils with hyperactivity appear restless, fidgety, full of energy and always on the go. They may seem loud or noisy with a continuous chatter.

Pupils with symptoms of impulsivity act without thinking. They have difficulty waiting for their turn in games or in a queue, and interrupt people in conversation.

## 7. **Dyspraxia/Development co-ordination disorder (DCD)**

Pupils with DCD have marked impairment in the development of motor co-ordination that is not explainable by intellectual disability or a known physical disorder. The diagnosis of DCD should only be made if this impairment significantly interferes with routine activities of daily life or academic achievement.

Pupils with DCD have an impairment or immaturity of the organisation of their movements, often appearing clumsy, and they find gross and fine motor skills 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 jig-saws, etc). Their articulation may also be immature and their language late to develop. They may also have poor awareness of body position and immature social skills.

## 8. **Developmental Language Disorder (Medical) (DLD)**

DLD is characterized by persistent difficulties in the acquisition, understanding, production or use of language (spoken or signed), which arise during the developmental period, typically during early childhood, and cause significant

---

limitations in the individual's ability to communicate. The language deficits are not explained by an obvious cause such as another neurodevelopmental disorder or a sensory impairment or neurological condition, including the effects of brain injury or infection.

DLD may be identified in a pupil when their development of talking falls behind that of other children of the same age and level of intellectual functioning and interferes with everyday life and school achievement. It may be noticeable that the pupil doesn't say very much, his/her talking seems immature, he/she may struggle to find the right words and they do not appear to understand what is said to them.

## **9. Global Developmental Delay**

Global Developmental Delay is a term used when a delay occurs in a child reaching the development milestones that are expected for a child their age. These developmental delays include problems with speech and language, movement/motor skills, cognitive skills, social and emotional skills and in Global Developmental Delay a delay occurs in many or all of these areas.

Common causes of Global Developmental Delay include a genetic or chromosomal defect e.g. Down's Syndrome or Fragile X syndrome, cerebral palsy, premature birth and problems with the structure or development of the brain. However, often the cause of Global Developmental Delay cannot be identified.

## **10. Down's Syndrome**

Every pupil with Down's syndrome is affected differently, but most share certain physical characteristics and developmental problems.

Common physical characteristics include poor muscle tone/floppiness, facial features (small nose and flat nasal bridge, small mouth with a tongue that may stick out, eyes that slant upwards and outwards), a flat back of head, broad hands with short fingers and their palm may only have one crease. Pupils with Down's syndrome have a degree of intellectual disability and delayed development where they may be slower to learn skills like sitting, walking and talking.

Pupils with Down's syndrome may also have other co-occurring conditions such as ASD, ADHD, heart problems, difficulties with hearing and vision and are also at a higher risk of infections than other young people.

## **11. Complex Healthcare Needs**

Include in this category pupils with a range of complex medical needs which impact significantly on their access to learning.

## **12. Anxiety Disorder (includes social anxiety, phobia, school refusal, obsessive compulsive disorder)**

We all get frightened or worried on occasion; however, pupils with anxiety disorder feel frightened or worry excessively and this can get in the way of enjoying life.

---

Pupils may describe physical symptoms of feeling sick, dizzy, short of breath, butterflies in the stomach or a racing heart. Pupils may also describe feeling upset, worried, irritable, being unable to relax and have difficulty concentrating.

Anxiety can be present most of the time or in specific situations. Pupils may have a fear (phobia) of particular things e.g. animals, darkness, or of certain situations e.g. standing up in class/assembly or mixing with new people. Pupils may also have panic attacks which are discrete periods when they feel both the physical symptoms above and also very frightening thoughts like thinking they are going to die or they are dying or their mind is out of control.

Some pupils may feel separation anxiety when away from their parents or family who usually look after them. While this is normal for very young children it can make it difficult for some older children to attend school.

An obsession is a thought, image or urge which keeps coming into the pupil's mind even though it may be unpleasant or distressing and he/she may want it to go away. Common examples of obsessions include fears about dirt, spreading disease, needing to be tidy, having an illness or something "bad" happening. Compulsions are the things the pupil feels they need to do to control their obsessions. Common examples including washing, checking, thinking certain thoughts, touching, counting or arranging/lining things up in a particular way. Often a compulsion means doing something again and again as a "ritual" and although the pupil may try to stop doing it, this may not be possible. When obsessions and compulsions take up a lot of the pupil's time, interfere with their life and cause distress, the pupil then has an obsessive compulsive disorder.

### **13. Depression**

Pupils may feel sad as a normal reaction to stressful or upsetting experiences; however, when these feelings persist and take over their life it can become an illness called depression.

Depression can affect how pupils feel and behave. A pupil may feel unhappy, be self-blaming or self-hating, feel tired, have low self-esteem and even feel hopeless and wanting to die. Pupils may change their behaviour and become withdrawn, easily upset or tearful, neglect personal appearance, have poor concentration and complain of aches/pains such as headaches or stomach aches. Pupils may start missing school or misusing drugs or alcohol.

Some pupils may injure or harm themselves on purpose rather than by accident. Common examples include over-dosing (self-poisoning), hitting, cutting or burning themselves, pulling their hair, picking their skin or by self-strangulating.

Pupils may say different things about why they self-harm. Some may have a problem and feel trapped and find that self-harm helps them feel more in control. Some use self-harm to relieve feelings of anger or tension which they have bottled up inside, while others may use self-harm as a way of punishing themselves due to

---

unbearable feelings of guilt or shame. Pupils trying to cope with very up-setting experiences, such as trauma or abuse, may feel “numb” or “detached” and use self-harm as a way of feeling more connected and alive. A proportion of young people who self-harm do so because they feel so upset and overwhelmed they wish to take their own lives.

## **14. Eating Disorder**

Many pupils worry about their weight, shape or diet. In more serious cases this can progress to an eating disorder of which the most common are anorexia nervosa and bulimia nervosa.

Pupils with anorexia nervosa worry about being fat, even if they are skinny, eat very little and lose weight. They feel guilty when they eat, may exercise more than usual and can use laxatives, vomiting or sometimes other medications/herbal remedies to lose weight. For girls periods may become irregular or stop.

Pupils with bulimia nervosa also worry about their weight and alternate between eating very little and then having binges. They commonly feel fat, guilty and ashamed when they binge and may vomit or take laxatives afterwards.

Eating disorders can cause pupils to be anxious, depressed, have poor concentration, lose confidence and withdraw from friends.

## **15. Psychosis**

When a pupil has a psychosis they can have very unusual thoughts and experiences which may either appear suddenly or develop gradually over time. They may experience one or more of the following:

- Unusual beliefs (delusions) which are obviously untrue to others but the pupil strongly believes them. For example when a pupil is psychotic they may think there is government plot to harm them, or they have special powers or they are being taken over by aliens.
- Unusual experiences (hallucinations) when they hear, see, smell, taste or feel something that isn't really there. These hallucinations are real to the pupil and can be very frightening.
- They are not able to think straight and their ideas seem jumbled. This thought disorder is more than just being muddled or confused and it may be difficult to follow what they are saying.

---

## **16. Other Mental Disorder**

This category should be used for those unusual cases with a mental disorder who do not fit within any of the categories 12 – 15 described above.

## **17. Cerebral Palsy**

The severity of symptoms in cerebral palsy varies significantly from child to child and equally the specific parts of the body that are affected can also vary with sometimes only one side of the body affected, sometimes mainly the legs and sometimes the whole body.

Pupils may have difficulties with movement and co-ordination, including seeming too stiff or too floppy, fidgety, having jerky or clumsy movements or random uncontrolled movements, muscle spasms, shaking hands (tremors) and walking on tip-toes. Pupils with cerebral palsy may also have a range of other problems including swallowing difficulties and drooling, epilepsy, constipation, urinary incontinence, problems with speaking and communication, spinal or hip problems, vision or hearing problems or an intellectual disability.

## **18. Spina bifida – with Hydrocephalus**

Most pupils with spina bifida have some degree of weakness or paralysis in their legs and may need ankle supports, crutches or wheelchair to get around. Pupils may have bladder problems such as incontinence, urinary tract infections, kidney damage or stones. Pupils may also have bowel problems such as incontinence or constipation, which can be accompanied by soiling.

Hydrocephalus, or fluid on the brain, may be obvious at birth with an unusually large head; however, some pupils may develop hydrocephalus during childhood. Typically pupils with hydrocephalus may complain of headaches, feeling confused, neck pain, nausea, sleepiness, altered vision, difficulty walking, urinary and sometimes bowel incontinence.

## **19. Spina bifida – without Hydrocephalus**

Most pupils with spina bifida have some degree of weakness or paralysis in their legs and may need ankle supports, crutches or even a wheelchair to get around. Pupils may have bladder problems such as incontinence, urinary tract infections, kidney damage or stones. Pupils may also have bowel problems such as incontinence or constipation, which can be accompanied by soiling.

## **20. Muscular Dystrophy**

There are different types of muscular dystrophy which generally cause the young person's muscles to weaken and over time this leads to an increasing level of disability. Symptoms that pupils may show therefore will tend to get worse over time and often begin by affecting a particular group of muscles before then affecting the

---

young person's muscles more widely. Pupils may have difficulty with physical tasks such as walking, climbing stairs, playing sports or lifting objects.

## **21. Acquired Brain Injury**

An acquired brain injury is an injury to the brain since birth. There are many possible causes of such an injury including a fall, road accident, tumour, a brain haemorrhage or an infection such as encephalitis.

Pupils may show physical effects including excessive tiredness, poor balance or co-ordination, speech difficulties, epilepsy, weakness or paralysis. Pupils may have problems in how they think, learn and remember including poor short term memory, reduced motivation and concentration, reduced problem solving ability, difficulty in taking in information or making sense of ordinary pictures or shapes. Pupils may also have emotional and behavioural problems including personality changes, loss of confidence, mood swings, frustration and anger, anxiety or impulsive behaviour.

## **22. Visual Impairment**

Pupils with visual impairment have decreased sight that causes difficulties and cannot be corrected by usual methods such as glasses.

Visual impairment covers a range of disability from relatively minor to blindness. Pupils who are blind or have very limited useful sight require tactile methods of learning, such as braille and 3D representations, together with making optimum use of their hearing and Information Technology. A pupil who uses braille is often described as "educationally blind". It should be noted that less than 10% of those registered blind are totally blind, most having some useful residual vision. It is unusual for a pupil who is blind to be placed in a mainstream class.

Some pupils with less visual impairment may require adaptation to teaching methods and differentiated materials for certain school tasks e.g. enlarged print or a mix of learning methods.

## **23. Hearing Impairment**

Pupils with a hearing impairment range from those with a mild hearing loss to those who are profoundly deaf. Some children are born deaf while others may become deaf later on due to, for example, an illness. Pupils with hearing impairment cover the whole cognitive ability range and for educational purposes 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.

## **24. Physical Disability**

There is a wide range of physical disabilities affecting pupils within the whole ability range. This category should be used if the pupil would either be prevented or hindered from making use of educational facilities of a kind generally provided for children of their age in ordinary schools due to their physical needs/difficulties. As per Article 3 2b of the Education (Northern Ireland) Order 1996.

---

## **25. Other Medical Condition/Syndrome**

It is recognised that no list can completely address all possibilities and therefore this category should be used for those exceptional cases who do not fit within any of the categories 1- 24 above.

---

## ANNEX 5

### **Useful Websites**

#### **Association for Spina Bifida And Hydrocephalus (ASBAH)**

E-mail: [niro@asbah.org](mailto:niro@asbah.org)

Website: [www.asbah.org](http://www.asbah.org)

#### **British Association for Teachers of the Deaf (BATOD)**

Website: [www.batod.org.uk](http://www.batod.org.uk)

#### **Northern Ireland Dyslexia Centre**

E-mail: [info@nidyslexiacentre.co.uk](mailto:info@nidyslexiacentre.co.uk)

Website: [www.nidyslexiacentre.co.uk](http://www.nidyslexiacentre.co.uk)

#### **British Deaf Association**

E-mail: [northernireland@signcommunity.org.uk](mailto:northernireland@signcommunity.org.uk)

#### **Contact a Family Northern Ireland**

E-mail: [nireland@cafamily.org.uk](mailto:nireland@cafamily.org.uk)

Website: [www.cafamily.org.uk](http://www.cafamily.org.uk)

#### **Down's Syndrome Association**

E-mail: [downs-syndrome@cinni.org](mailto:downs-syndrome@cinni.org)

Website: [www.downs-syndrome.org.uk](http://www.downs-syndrome.org.uk)

#### **Mencap in Northern Ireland**

E-mail: [mencapni@mencap.org.uk](mailto:mencapni@mencap.org.uk)

Website: [www.mencap.org.uk](http://www.mencap.org.uk)

---

**Autism NI**

E-mail: [info@autismni.org](mailto:info@autismni.org)

Website: [www.autismni.org](http://www.autismni.org)

**The National Deaf Children's Society Northern Ireland**

E-mail: [nioffice@ndcsni.co.uk](mailto:nioffice@ndcsni.co.uk)

Website: [www.ndcs.org](http://www.ndcs.org)

**RNID Northern Ireland**

E-mail: [informationline@rnid.org.uk](mailto:informationline@rnid.org.uk)

Website: [www.rnid.org.uk](http://www.rnid.org.uk)

**RNIB Northern Ireland**

E-mail: [rnibni@rnib.org.uk](mailto:rnibni@rnib.org.uk)

Website: [www.rnib.org.uk](http://www.rnib.org.uk)

**SENSE Northern Ireland**

E-mail: [nienquiries@sense.org.uk](mailto:nienquiries@sense.org.uk)

Website: [www.sense.org.uk](http://www.sense.org.uk)

**The Cedar Foundation**

E-mail: [info@cedar-foundation.org](mailto:info@cedar-foundation.org)

Website: [www.cedar-foundation.org](http://www.cedar-foundation.org)

**Disability Action (Northern Ireland)**

E-mail: [hq@disabilityaction.org](mailto:hq@disabilityaction.org)

**P.E.A.T (Parents' Education as Autism Therapists)**

E-mail: [peatni@aol.com](mailto:peatni@aol.com)

Website: [www.peatni.org](http://www.peatni.org)

---

**NICCY**

(Northern Ireland Commissioner for Children and Young People)

E-mail: [info@niccy.org](mailto:info@niccy.org)

Website: [www.niccy.org](http://www.niccy.org)

**Middletown Centre for Autism**

E-mail: [admin@middletownautism.com](mailto:admin@middletownautism.com)

Website: [www.middletownautism.com/](http://www.middletownautism.com/)

**National Autistic Society**

E-mail: [nas@nas.org.uk](mailto:nas@nas.org.uk)

Website: [www.autism.org.uk/services/ni/belfast.aspx](http://www.autism.org.uk/services/ni/belfast.aspx)