Workstream 6a – BSL Coalition

Language Planning in Deaf Education
Guidance for Practitioners by Practitioners
Teacher Toolkit

Appendices

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Preface

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Appendices

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1. APPENDIX 1: EXEMPLAR DEMOGRAPHIC CASE STUDIES

Exemplar 1: Bradford, Deaf and Hearing Support Service

Bradford's population is just over half a million (524,600) and is growing. Bradford is ethnically diverse. 64% of the population are of White British origin and 20% have a Pakistani heritage and there are over 85 languages spoken (Census 2011). Bradford has the highest proportion of people with a Pakistani heritage in England. In terms of migration most arrivals are from Pakistan and the next largest groups are Poland and then Slovak nations.

The Bradford inclusive service currently (2013) supports 673 deaf children on its active caseload. Of these 93 are in pre-schools; 301 are in primary and 279 are in secondary schools. There is currently a steady decrease in the numbers of children in resourced provisions since 2008 and a significant increase in the numbers of deaf children in their local mainstream settings. There are also a greater number of deaf children going into the Authority's special schools and so more children with complex needs at birth and deafness are appearing on the caseload.

37.17% of pupils in Bradford have a first language, which is not English, 43.49% are in primary schools and 29.69% are in secondary schools. Deaf children in Bradford reflect the diverse ethnic mix. The last CRIDE survey identified the following language groups:

Spoken English	296
British Sign Language	1
Other sign language	0
Other spoken language	40
Spoken English together with sign language	11
Spoken English and other spoken language	258
Other spoken language together with sign language	67
Not known	0

The table does not reflect the number of languages spoken in homes nor the quality or amount of each language used. Language competency is difficult to measure in many Bradford households who have deaf children. The fact that most Bradford families have English as a first language or speak it well is reflected in the above table. Few families use BSL only and most families combine the use of sign and spoken languages.

Deaf children who arrive from Eastern and Central European communities tend to arrive as older children and will enter year groups from Reception and above. The transient nature of many families, particularly from the Roma community means that families may stay for two or three years and then move on.

Exemplar 2: City of York Council, Deaf and Hearing Support Service

The population of York is 198,000. Of those, 43,800 are between the ages of 0 – 19 years of age. 90% of the population are white with Chinese being the highest ethnic minority group with 1.2% of the population. The Deaf and Hearing Support Team at present support 151 deaf children and young people (DCYP).

The majority of DCYP access their local mainstream schools in York with support from the Specialist Teaching Team. They are also supporting a number of DCYP with complex needs; these children have historically been educated out of county in schools for the deaf. The numbers of DCYP, who use BSL as a first language being educated in their local mainstream school although small compared to other authorities is also increasing. At present we are developing central provision at both primary and secondary level to increase the spectrum of support for DCYP within the city of York and to make more effective use of the resources we have. We also work in partnership with post 16 providers to provide support at local colleges and universities.

In the past York was a very oral authority. Over the last eight years the Deaf and Hearing Support Team has developed its skills to support all DCYP whatever their communication mode. The team offers different levels of support, most of this is advisory, but for some DCYP who in the past or in another authority would have been in resourced provision, the support involves direct teaching. Social learning groups are also organised by the team to bring DCYP from their local mainstream schools together. The team supports DCYP with whichever communication mode they choose to use, for some they choose to be oral, others choose BSL as their first language and some use Sign Supported English to support their learning. Some DCYP with learning difficulties who are in special schools use Makaton and on body signing to support spoken English and some DCYP with physical difficulties use technology to support their communication.

The table below shows the 151 DCYP the team supports first language. In some cases English is supported with SSE. Some younger DCYP switch between English and use early BSL features.

The table below shows the first language of the 151 DCYP that the team supports. In some cases English is supported with SSE. Some younger DCYP switch between and/or English and BSL.

Spoken English	127
British Sign Language	6
Other sign language	2
Other spoken language	0
Spoken English together with sign language	14
Spoken English and other spoken language	2
Other spoken language together with sign language	0
Not known	0

We have explored this data further in York to try to establish more details about other sign and spoken languages used. This is by no means comprehensive but gives us a starting point for future service planning.

	English	BSL	SSE	Makaton	Other
Pre-School	3	1 1 BSL developing	1 supporting English first language		1 Lithuanian sign language used at home
Primary	73	2 2 English first, BSL features	13 upporting English first language	2 supporting English	1 Lithuanian sign language used at home 2 On body signs 2 other languages spoken at home
Secondary	46	1			
Post 16	5	2			

Exemplar 3: Exemplar Demographic Case Studies from Research

These contrasting research studies provide some ideas about what language information is useful to collect and the different ways in which this can be done.

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CROWE, K., MCLEOD, S. & CHING, T. Y. 2012. The cultural and linguistic diversity of 3-year-old children with hearing loss. *Journal of Deaf Studies and Deaf Education*, 17, 421-438.

Understanding the cultural and linguistic diversity of young children with hearing loss informs the provision of assessment, habilitation, and education services to both children and their families. Data describing communication mode, oral language use, and demographic characteristics were collected for 406 children with hearing loss and their caregivers when children were 3 years old. The data were from the Longitudinal Outcomes of Children with Hearing Impairment (LOCHI) study, a prospective, population-based study of children with hearing loss in Australia. The majority of the 406 children used spoken English at home; however, 28 other languages also were spoken. Compared with their caregivers, the children in this study used fewer spoken languages and had higher rates of oral monolingualism. Few children used a spoken language other than English in their early education environment. One quarter of the children used sign to communicate at home and/or in their early education environment. No associations between caregiver hearing status and children's communication mode were identified. This exploratory investigation of the communication modes and languages used by young children with hearing loss and their caregivers provides an initial examination of the cultural and linguistic diversity and heritage language attrition of this population. The findings of this study have implications for the development of resources and the provision of early education services to the families of children with hearing loss, especially where the caregivers use a language that is not the lingua franca of their country of residence.

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ARNESEN, K., ENERSTVEDT, R. T., ENGEN, E. A., ENGEN, T., HØIE, G. & VONEN, A. M. 2008. The linguistic milieu of Norwegian children with hearing loss. *American Annals of the Deaf*, 153, 65-77

The article is based on a national survey in Norway of the linguistic situation of deaf children. Parents, teachers, and children were asked to make judgments on topics related to the children's language milieu at home and at school by means of detailed questions using two response methods: a language inventory and rating scales. The inventory is more detailed than those in other studies and required all three groups to consider not only the use of the two native languages, Norwegian and Norwegian Sign Language, but other forms combining sign and speech. The data revealed that languages used with the children included both native languages as well as various mixtures depending on context, situation, and the nature and purpose of the communication. The results are considered from the perspective of the amount and quality of language input and intake necessary for language acquisition and literacy.

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2. APPENDIX 2: EXEMPLAR PUPIL LANGUAGE PROFILES

2.1 Family and home contexts: *The home and family background*

Family make-up: siblings, extended family etc
Home/family languages and cultures
Other deaf family
Family and child expectations for language development/trajectory
General engagement with school
Activities outside of school

Exemplars:

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Aisha lives at home with her mother and has regular contact with her father. She is an only child. The family's home language is English and both parents have learnt BSL. There is no known family history of deafness. The family is pro-active and supportive towards her education and language development. They have high expectations for her bilingual language learning and place equal value on both languages at home and at school. Mother works closely with school to support this. The family focuses on giving Aisha as many different functional and experiential language opportunities. They are actively involved with school and regularly contribute to school life.

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Shazia lives at home with her mother, father and two brothers. One brother is hearing the other brother is profoundly deaf. She also has a cousin who is deaf. Her parents are hearing. Her mother is very pro-active and supportive towards her education and language development (she has BSL level 2) and she is very deaf aware. Father is less involved in day to day affairs and his BSL is more limited. The family uses a combination of communication modes at home. Spoken languages include English and Urdu. BSL and SSE are also used. Overall, the language environment at home is very rich.

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Zak is part of a hearing family. He lives with his mother and a younger sister. His aunt, uncle and cousin all live in the same house. His father and older sister live in Gambia. The spoken language used at home is Wolof. English is the 2nd language. Mother and extended family have good spoken and written English skills. Zak's mother is currently studying level 2 BSL. There is excellent communication between Zak and his mother. Information between home and school is successfully relayed by Zak. His younger sister uses some basic signs. She switches her voice off and uses effective eye contact and clear signs even though her sign vocabulary remains limited. The extended family members do not use any BSL. His mother has an excellent relationship with school, communication is good and frequent. His mother is quick to request help if there is an issue. She supports him fully with reading, math's skills and accessing the world around him (news events, family news, etc). The family is Muslim, and Zak attends mosque school every Saturday where the instruction is given by deaf adults in BSL. Their faith is extremely important to the family and Zak has a very strong network of friends and families in this community, including other families with deaf children. Zak states that he is learning to read Arabic at Mosque school but that it is hard.

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Lucy has hearing parents, one older hearing brother, one older deaf (SSE/BSL) sister and a hearing twin sister. Her parents learnt up to at least Level 1 and possibly level 2 BSL when their elder daughter was diagnosed deaf and have used SSE with both sisters throughout their lives.

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Xavier lives at home with his mother and has regular contact with his father. He is the younger of 2 children. The family is black Caribbean. English is spoken at home but Mum uses Sign Supported English (SSE) with

Xavier. There is no history of deafness in the family. Mum is very engaged with school and attends all meetings and parent events and is pleased with his progress.

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Tanya is from a family whose origins are in Slovakia. Her parents came to Britain in 2005 when she was one. Tanya has a brother (aged six) who is also profoundly deaf. Their older brother (aged eleven) is hearing. Mother and father are both Slovakian speakers. Father's English is described as 'quite good'; mother has learnt English since she arrived. Extended family live locally including father's sister who is moderately deaf and uses a hearing aid and spoken language. In Slovakia, mother has a cousin who is severely deaf, does not have a hearing aid and does not use spoken language. She uses a basic sign language. At home, the family uses Slovakian and English and some sign. Mother explained that different parts of Slovakia used different languages so it was difficult to understand other Slovakian dialects.

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Noreen is one of three children the home, her younger brother is deaf and her older brother is hearing. Her father is also deaf. Her mother is hearing and her first language is Urdu and she also uses Punjabi with other extended family members. She has learnt some English but does not use it with her children. The father uses a home sign language, which he developed in Pakistan. Over time he has picked up more BSL signs, which he has learnt from his children. He does not use any English nor does he read English. The family all converse with him using the home sign language. Father has two sisters; both are deaf and use sign language. Mother reported that father was most comfortable conversing with his sisters. All other extended family members are hearing and use mainly Urdu or Punjabi at home. Noreen goes to mosque and can read and say Arabic from the Koran. Mother said that Arabic was a more straightforward language, easier for children to learn to read because of the way it sounds.

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Mohammed is a 9 year old boy from a family who origins were in Mirapur Pakistan. His parents were born in Pakistan but have lived in Britain for over 20 years. Current family make up is mother, father and Mohammed's older brother who has autism, and his younger brother. His grandparents also live in the family home. There are no known other deaf relatives in the extended family. Outside school, Mohammed goes to Mosque and mixes with family and friends locally.

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Amy is 4 years old and lives at home with her mother, father and 2 year old younger brother, all of whom are hearing. Her maternal grandparents are heavily involved with the family, and there are no deaf family members. The family has high expectations for her language development/trajectory and use English with sign support at home. They have excellent engagement with the central deaf support team and nursery. They are also involved with the local children's deaf group, hearing toddler groups, gym club and art group.

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Jack is 14 years old and lives with his parents and two younger hearing siblings. They have no other deaf family and the home language is English. They live in a rural area where Jack attends small mainstream school. Previously, when Jack was very young, the family had lived in London, where it was possible to access specialist oral and sign-bilingual nursery placements. Jack has a good circle of hearing school friends at school and out of school (at Scouts, etc.), who he sees at weekends.

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2.2 Information about their deafness: *Audiological history and current support*

Cause and type of deafness
Date of diagnosis and length of time of deafness
Audiological management in place
Consistency of use of audiological support
Identified benefits of audiological support
Any additional issues

Exemplars

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Aisha was diagnosed with a profound bilateral sensori-neural hearing loss through the Newborn Hearing Screening Protocol. She was initially fitted with hearing aids at 6 weeks, which she wore inconsistently. Following assessments at xxxx Implant Programme, it was identified that hearing aids were not giving her enough access to spoken language and she received a Nucleus Cochlear implant on her left side in May 2009. She refused to wear the implant for the first 6 months, however once attending school, wore it consistently during the school day and four months later, also was happy to wear it at home. Aisha now wears her implant consistently throughout the school day and uses lip pattern information effectively. She is able to reliably inform an adult when her implant is not working. Aisha uses her implant to identify environmental sounds, access spoken language and identify specific grammatical features of spoken language.

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Shazia was screened at birth as her older brother has a hearing loss. She was diagnosed with a severe to profound, bilateral, sensori-neural loss. The cause of deafness is described as genetic She was fitted with two BTE hearing aids which she wore consistently. The residual hearing in the right ear began to deteriorate further so Shazia was fitted with a cochlear implant in July 2011. She still wears her hearing aid in the left ear and gains a lot of benefit from it.

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Zak has a bilateral severe-profound sensori-neural hearing loss. He was diagnosed at 3 years 3 months and was first aided at 3 years 4 months. Zak wears bilateral post aural hearing aids (Nathos UPW), which are FM enabled. He has worn the FMs in the past but for the last 2 years has chosen not to wear them, stating that they do not help him to hear anything more than his aids do. He is an independent hearing aid user. He checks and maintains aids independently.

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Lucy has a bilateral severe-profound sensori-neural hearing loss (Pendred Syndrome). She was diagnosed at 8 months old and first aided at the same time. Lucy wears bilateral post aural hearing aids (Nathos UPW), which are FM enabled, and she uses a FM system when in the mainstream environment. Lucy is an independent hearing aid user. She checks and maintains her aids/ FM system independently.

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Xavier has a profound bilateral sensori-neural hearing loss. He uses one hearing aid consistently and an FM system in school. He has an additional diagnosis of dyspraxia and has significant difficulty with fine motor tasks, along with balance and co-ordination of motor movement. Assessment and observation concludes that he appears to have motor planning difficulties (the ability to organise and sequence new activities).

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Tanya is profoundly deaf and was diagnosed in Slovakia. She was fitted with hearing aids when they arrived in the UK. Her hearing aid use in school is consistent, but less so at home. Her parents did not want a cochlear implant because they did not want her to go through an operation and they felt that if they went back to Slovakia there would not be a hospital to look after the implant and processor. They also could not

afford the treatment in Slovakia. Mother says that she accepts that her children are deaf, it is who they are and she is happy with that.

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Noreen is profoundly deaf and was diagnosed at birth as part of the newborn hearing screening programme. She was fitted with hearing aids when she was three months old. She has always been a consistent hearing aid user both at home and school. She has brother who is younger; he was also born deaf and was fitted with an implant when he was 22 months old. Noreen uses a radio aid in school in the mainstream class, which is linked to the sound field amplification system. She takes responsibility for her aids and manages them well. She becomes upset if the aids are not working and relies on them for communication. However, some hospital appointments are missed because father cannot communicate well with people outside the home and mother does not leave the home independently because of cultural reasons. Despite this, they are very supportive of their children and actively encourage hearing aid use.

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Mohammed was born hearing. He was not identified as deaf at the new born hearing screen. When he was three months old he contracted meningitis and was later diagnosed with a hearing loss and slight hemiplegia of the left side. His mother believes he was hearing at birth and the hearing loss was as a result of the meningitis and this view is supported by the hospital. The deafness is profound in his right ear and moderate in his left ear. He experienced some episodes of conductive hearing loss in his better ear before the age of five and both ears have had ear infections. He uses a hearing aid in his left ear and his hearing aid use has been consistent since he was diagnosed. However, when he was younger his older brother used to pull out the hearing aids and this made establishing hearing aid use initially difficult. He uses a radio aid in school and has done since he was in year 1. He has always used voice to communicate and has been encouraged to develop spoken language in all the settings he has attended.

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Amy was diagnosed through NHSP at 3 months with a moderate to severe loss. Her hearing has fluctuated and deteriorated over the last 2 years and is now severe. She has recently had a diagnosis of Pendrid's Syndrome (which is genetic and results in a widening of the vestibular aqueduct). She is seen 3 monthly at York Audiology, and has been referred to the Bradford CI Centre. They have decided not to proceed at present with CI. She wears bi-lateral hearing aids and uses a radio aid at nursery. She is an excellent user of both. Her aided levels are good, although she misses some high frequencies and struggles in background noise supported by her radio aid.

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Jack was diagnosed profoundly deaf at 9 months and, soon after that, with Auditory Neuropathy. He received a cochlear implant at age 2½ after a prolonged assessment, because of uncertainty about the functioning of the auditory nerve on the right side. His thin auditory nerve has meant that only half of the implant electrodes could be activated and although the implant has been reprogrammed every year for over ten years, it has not been possible to substantially improve the quality of his aided hearing. Nevertheless, his receptive language developed and at age 10 he could follow connected speech relatively accurately without lip-reading if speech was slowed down.

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2.3 Educational background and management: Experience of pre-school support and school placement

Experience of pre-school/early support
How long in school
Type of educational setting
Age group and peer group
Learning support arrangements and personnel

Exemplars

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Aisha has been attending a school for the deaf since nursery and she is now in year 3. The school has a sign-bilingual policy and she is in a mixed year 2, 3, 4 class of 5 children led by a ToD. Aisha receives weekly one-to-one speech and language therapy sessions for half an hour and spoken English groups with the class teacher and speech and language therapist (a specialist in deafness). She attends a mainstream school for 2 days a week where she is supported by a local advisory ToD for one hour each week. Aisha uses a radio aid in the mainstream context to access spoken language in the classroom.

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Shazia has been attending a school for the deaf since nursery and she is now in year 6. The school has Primary and Secondary departments, which are co-located with mainstream schools. Specialist teaching is provided from qualified teachers of the deaf in small groups within acoustically treated classrooms. The curriculum is adapted and modified to suit pupils' needs. In addition, every child has an inclusion programme with support in mainstream classes, depending on need. The school has a sign-bilingual approach. All pupils are taught both languages and access the curriculum through the most appropriate language for them. Shazia receives further support from the Speech & Language Team, Deaf Instructor and Educational Audiologist. Shazia has joined her mainstream class for about 50% of her learning this year. This includes some Literacy sessions and all of her Maths. Whilst in the mainstream class, she uses an FM system and is always supported by a Communication Support Worker.

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Zak is in Year 6 in a Total Communication Designated Special Provision (DSP) within a large two form entry mainstream school. He has been with in this inclusive provision since Nursery. Zak is part of a Year 5/6 small group or 'centre class' where he is taught by qualified ToDs and specialist teaching assistants focusing on the development of language, communication, literacy, numeracy and personal social development and he joins his year 6 mainstream class for over 60% of the day, including numeracy. He has a ToD and teaching assistant support in the mainstream setting for interpretation and a ToD teaching him literacy in the 'centre class'.

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Lucy is in year 5 in a Total Communication Designated Special Provision (DSP) within a large two form entry mainstream school. She has attended this provision since Nursery. Lucy is part of a Year 5/6 small group or 'centre class' taught by qualified teachers of the deaf and specialist teaching assistants focusing on the development of language communication literacy numeracy and personal social development. She joins her year 5 mainstream class for over 60% of the day including for numeracy. She has a ToD and teaching assistant support in the mainstream setting for interpretation and a ToD teaching her literacy in the 'centre class'.

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Xavier is currently in Year 11 at a school for the deaf described as a multimodal secondary provision. He came to this school in 2009 and started in Year 7 from a bilingual primary school. He is taught in a class of 4 students who are 15-16 years of age. In addition, he has teaching assistant support for 16 hours per week; works with an Occupational Therapist to support his dyspraxia and mental health needs and has weekly

group SLT to work on key social communication skills, linked to work experience, college and functional communication with non-signers.

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Tanya had support from the support team for deaf children when she arrived in the UK and started part time at the nursery at a school for the deaf when she was two. She went full time when she was three. When the school for the deaf closed, she moved to a mainstream resource provision with all the other primary aged children in year 2. At school she has full time support from a ToD or specialist support staff. She works a part of a small group of deaf children for literacy and numeracy and is in class for other subjects. BSL and deaf studies is taught as a separate subject. Tanya is regularly assessed by a SLT and she is also involved in target setting and planning programmes of work with specialist staff. She has a large peer group of deaf children in her cohort, some who sign and others who sign and speak. She plays with hearing children at school.

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Noreen is in a mainstream setting with full time support in class from either a ToD or specialist support staff. The school has very good acoustics in all classrooms. Noreen is withdrawn for literacy and some numeracy sessions where she is taught by a ToD. She has regular contact with a speech and language therapist (SALT) who assesses her language, sets targets and implements a language programme. After diagnosis her parents took her to the Elizabeth Foundation, which she attended twice a week until she was nursery age and then she went three times a week on a joint placement with her local primary school that has a resourced provision for deaf children. Also from the age of 0 to 4 years she had regular support from the local LA support team for deaf children, but this was less regular than the visits to the Elizabeth Foundation. The Elizabeth Foundation used an auditory oral approach to language development. Noreen's parents were keen for her to continue this approach in school. This was used, but she had contact with other children who were using sign and she did pick up some sign language there. Her mother did not want her to use sign when she was younger and expressed concern that she had contact with other sign language users. However, she has now changed that view and attends a sign language class every week with other mothers. Noreen now attends the resource provision full time and has a mixed approach to communication, spoken English support by some sign, mainly in an English order. She has BSL lessons from a deaf instructor at school.

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Mohammed had early support from the local LA support team for deaf children. He initially attended a play group for five mornings a week and had weekly specialist support. He also attended the Elizabeth Foundation for an afternoon a week, but this was for only a short period of time. He has had physiotherapy support since he was four months old. The support team felt that his spoken language development was very delayed for his age and as a result he attended an assessment place at a resourced nursery for deaf children at the age of two. After two terms (aged three) he moved to a mainstream nursery because his achievement levels across most aspects of the early year's foundation profile were in line with hearing peers. He still needed additional support to develop spoken language which he got on a regular basis from the LA's support team for deaf children. At the end of the foundation stage he remained in his local mainstream school where he has continued to make progress, his end of key stage results were in line with or above the average for his hearing peers. He continues to get intervention from the support team but this is mainly in the form of advice, INSET and support for the use of his hearing aids and radio aid. He does not us any sign language in school. All classroom support now comes from the school.

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Amy had support from the LA sensory team from her diagnosis at 3 months and receives regular fortnightly visits from a ToD. The family are involved in Family Sign sessions and attended half termly early year's groups. She attended a mainstream nursery when she was 3 years old and benefitted from 2 terms of early years funding, which provided 10 hours of TA support. She continued to use sign support to access the nursery. A ToD supporting CYP provides support to the family and nursery. Deaf role model sessions take place in the nursery. She receives regular speech and language therapy from a highly specialised SaLT (who is Deaf).

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Jack was placed in a small village mainstream school with one-to-one Cued Speech (CS) support and additional BSL support at pre-school and primary level. During the school day, all classroom communication was cued to him simultaneously by his CS communication support worker. Jack is now at a small independent mainstream secondary school that can offer small classes and a good listening / lip-reading environment. He has full-time one-to-one support, usually using CS but sometimes lip-speaking and additional note-taking support where needed. Jack has been able to keep pace with his hearing peers in all areas of the curriculum including in math's and literacy, and he will be studying for a full range of GCSEs, including triple science and double-award English. He is a confident and able learner and is well included socially.

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2.4 Individual Language Resources: Repertoire of expressive and receptive sign and spoken language skills

General use of sign and spoken language
Communication style
Communication confidence
Cultural Identify

Exemplars
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Aisha uses spoken language with hearing peers and adults. She is 4 years post implant and is currently at the spoken language level of a child around 6 years 6 months (based on the assessments used). She is able to code-switch between communication partners e.g. BSL with deaf peers, spoken language with hearing peers and SSE with oral deaf and hearing adults whom she knows have an understanding of sign. She knows when to turn her voice on and off appropriately. She is confident to negotiate and converse in social interactions with peers in BSL or spoken English dependent on the communication partner. She is able to express herself clearly in both to share emotions and reasoning.

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Shazia has very well developed BSL and English skills. She uses a combination of these depending on the situation and is able to switch between the two languages with ease. Her preferred mode of communication is SSE. She has a strong deaf identity. She contributes well in small group class discussions but is significantly less confident in her mainstream class. She is developing her understanding of more complex and abstract words in both languages. Using her implant, she is developing her listening skills and her understanding of more complex grammatical structures in spoken English. With continued experience of listening and spoken communication opportunities, she will continue to develop her spoken language skills.

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Lucy identifies her communication preferences as SSE. However, she makes full use of both languages to interact and code-switch rapidly and effectively in both the centre classes and mainstream environments. She is able to follow fluent and mature BSL interpretation of all her mainstream learning and uses her knowledge of English structure from her competent SSE skills to communicate in clear spoken English with sign for hearing peers/friends/adults and to construct well formed and descriptive narrative. Socially she adapts and uses the language that her audience is stronger in, SSE for her non-signing hearing peers/adults/friends and voice off and best BSL for deaf peers/adults/friends. Lucy is a highly communicative and competent language user and responds well to all of the different modes that we use, she utilises every facet of language used around her to ensure she fully comprehends and can respond appropriately. She is competent at understanding that she is a bi-lingual child who works between two modes and languages and enjoys the use of both.

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Zak is keen and clear communicator. His main mode of communication is BSL but states that his preferred mode of communication at the moment is SSE He is a fluent signer and he has a strong identity as a young deaf person. He has clear and confident signing skills, with many elements of BSL included (non manual features, multi-channel signs, role shift). He is also very keen to use his voice and communicate with his hearing peers. He successfully code switches depending on the environment and audience. He is an effective communicator in mainstream. He is able to use an interpreter well and uses every tool available to him to interact with his friends: lip reading, gesture, picking up on contextual cues, using very clear lip patterns himself and using spoken English. He is extremely keen on developing his spoken language skills. He is competent at understanding that he is a bi-lingual child who works between two modes and languages and enjoys the use of both. He combines (including his own knowledge of both English and BSL) all the strategies and systems we use to ensure he progresses both academically and socially.

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Xavier predominantly uses signing for communication and learning. He communicates using a mix of SSE and BSL and is developing his use of BSL linguistic features and is due to sit the Signature BSL Level 2 exam. His speech is intelligible at single word and basic phrase level within a known context to a familiar listener. He relies on his listener to use contextual cues to understand him. Xavier is reluctant to use his voice and uses signing to support his speech for effective communication. Xavier is able to use his listening skills to support some speech reading in context and production of familiar words. Xavier is aware of Deaf culture and reports that he is happy to be Deaf but he would like to learn to 'speak properly'.

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Tanya uses mainly sign to communicate with some spoken language in school. She is a keen communicator and always tries hard to get her meaning across even to those who do not use BSL. She uses sign, facial expression, lip patterns and gesture. She uses her voice readily, mainly for vowel sounds. She finds it difficult to switch her voice on and off. She is a confident communicator and readily engages in conversation with others in her group.

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Mother describes Noreen as quite a confident communicator, but she can be shy at first. She can be reluctant to speak to people she does not know well. Mother's sister and Noreen's' cousins can communicate well and will use more English with her. Noreen does not always understand what is said to her, she often needs sentences repeated until she understands. Mother said that the siblings understand each other well in a mixture of sign, English and Urdu, mainly because they know what they are talking about, they understand that context. In school she communicates mainly with voice, watching and listening, but she will switch off her voice and use sign with her friend who is a BSL user.

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Parents describe Mohammed as a confident communicator. His mother learnt some basic signs, which she used with her son and he was exposed to other deaf children using sign language at his assessment nursery. He chooses to use spoken language. His hemiplegia has had a minimal effect on his ability to use his left hand and is not thought to have affected his choice to use spoken language He was reluctant to speak to people he did not know well, but now is confident to speak up in class and converses with adults and children. He frequently initiates conversations. He communicates easily with his grandparents, who are Punjabi speakers. In school he communicates in English most of the time but can converse with friends in Panjabi.

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Amy's expressive spoken language is excellent and is age equivalent (Reynell). She signs with her Deaf worker. Her receptive English is 3.6 months beyond age equivalent. SSE is used with Amy in case of any further deterioration of her hearing. SSE supports her in background noise, enables her to communicate with deaf people using sign and also supports her deaf identity. She is extremely confident to communicate with familiar adults and her family. She needs support to communicate/interact with her peers.

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Jack has no specific language disorder or SEN which might impact on his language acquisition. When Jack was very young, his parents used a visual-bilingual approach that combines spoken language and Cued Speech with separate use of sign language at home and at school. Jack's first *expressive* language until the age of 7 or 8, was BSL, however, his *understanding* of spoken English was on a par with his hearing peers. As Jack's receptive and expressive English progressively improved he shifted from using BSL to using spoken English and his reading and writing skills developed on a par with his hearing peers from the age of 3 /4. Jack now uses his implant for listening as best he can and can converse more naturally and effectively with his hearing peers using spoken English. He depends on communication partners to help him follow conversation in groups of more than two or three people and has developed effective strategies for ensuring that he is included in conversations. His friends and siblings have never used Cued Speech to communicate with him, and his parents only use it infrequently at home now. His main cultural identity is as an English young person

who enjoys books, films and TV, humour and mainstream sports. He is accepting of his deafness, he enjoys mixing with his deaf friends and he wants to continue to improve his signing skills.

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2.5 Contexts of language use: Language exposure and use at home and at school

Exposure to different languages at home and at school
Use of different languages for different purposes with different people at home and at school

Exemplars
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At home Aisha is exposed to both spoken English and BSL by family members. Her parents have learnt BSL to a good level and some of her wider family members have also learnt sign. Aisha's mother has very good signing skills and will follow Aisha's lead in her choice of communication. This will vary as Aisha may choose not to wear her implant in the morning and will choose sign as the mode of communication, however when going out, will put her device on and switch to spoken English or SSE.

At school the curriculum is taught in BSL. English vocabulary is reinforced in one-to-one sessions with a hearing teacher (this is led by Aisha's communication preference, in one-to-one speech and language therapy sessions and spoken English language groups. Aisha uses SSE to speak to her class teacher in a group setting and the class teacher will check understanding with the peer group. Aisha uses BSL when learning and discussing more complex concepts. For example: when reading, she uses spoken English however when discussing the meaning of the text she will prefer to use BSL. In one-to-one situations with her hearing teacher she will use spoken English. She uses SSE if there is background noise or the conversation is using a less familiar context or vocabulary.
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At home Shazia is exposed to BSL, English and Urdu and is able to switch her mode, depending on the environment and who she is communicating with e.g. full BSL, spoken English and SSE.

At school the curriculum is delivered simultaneously in both languages. Normally, the teacher delivers using spoken English and the CSW will interpret into BSL. Shazia switches attention between the speaker and the signer and she benefits enormously from the use of an FM system. She receives weekly speech and language therapy focusing on developing her English vocabulary and colloquial language.
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At home Zak is exposed to Wolof (mother and extended family); BSL from his mother (currently studying for Level 2) and some English, which is the family's L2. He uses BSL at the weekly Deaf club sessions and holiday play-schemes. At mosque school the instructors are Deaf adults using BSL and he is exposed to written Arabic. In his local social circle outside of school he communicates using SSE, gesture and some speech.

At school the small group teaching in the 'centre' is in BSL. In mainstream classes he is keen to communicate independently with his peers and his mainstream teacher using lip reading, voice, gesture and sometimes writing things down. When he is answering a question in mainstream he will often use his voice and SSE but he makes full use of BSL interpretation to access the curriculum. In this way he can adapt between maintaining successful conversations on his own and turning to centre staff to repair or clarify.
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At home Lucy is exposed mainly to SSE and is assertive enough to request clarification and repetition if she has failed to understand or missed out on something. She uses TV sub-titles. Both parents will use voice off and use their "best" BSL to ensure full comprehension, especially in noisier/distracting environments, with new vocabulary or when they are aware comprehension has been lost.

At school in the centre classroom the main mode of language for Lucy is SSE, except when she is directly interacting/communicating with deaf peers/adults who prefer BSL. Within the mainstream environment she makes full use of BSL interpretation when she is being taught/spoken to as part of a larger group and then

uses SSE to interact with hearing peers/adults. When she addresses her whole class/group she is now confident enough to use voiced SSE.

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At home Xavier's family use spoken English and SSE. He reports that he uses a mix of spoken English (lip patterns) with natural gesture and SSE with his family.

At school Xavier predominantly uses BSL but he can access some teaching in SSE if he is given adult support for new vocabulary, chunking of information, visual support and clarification of structures he does not understand. Xavier is a successful communicator within the classroom. He actively participates in group discussions, ensuring that others are watching him, maintaining the topic and shifting his attention in order to watch his peers' contributions. He is aware when he misses or does not understand a question/information and is confident to ask for repetition or clarification within familiar contexts. In this context he is much more successful at using higher level operations (inference, prediction, empathy, discussion) and responding to complex question forms in BSL compared to SSE.

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At home, Tanya's' mother used to use mainly Slovakian, but over the years her English as developed and she now uses more English with Tanya. They use some sign and mother attends a family sign class. Father does not sign. He has found it difficult to get to classes because her works shifts and works very long hours. Mother and father do not drive, so getting to meeting and classes is difficult. The local extended family speak Slovakian and English, they do not sign. Their hearing brother speaks mainly English, both Tanya and her deaf brother use only English or sign at home. They do not use or understand Slovakian. Their hearing brother spends most of his time living with grandmother at a different house. A neighbour comes in to speak English with the children; she is of Mirpur Pakistan origin.

At school the children use sign language in class, the curriculum is delivered in BSL and English. All assemblies are signed. In the playground Tanya mixes with her deaf friends, but will attempt to communicate with hearing friends.

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At home Noreen uses and understands some Urdu and Panjabi as well as English and some SSE sign. Noreen will act as a translator between her deaf brother and her mother, switching between English, Urdu and sign. She finds it difficult to have a conversation with her grandparents who sometimes visit and use Urdu. Mother encourages hearing children to the home to help Noreen communicate in English. Mother's sister and Noreen's cousins can communicate well and will use English with her at home. At the mosque, information is delivered in English and Arabic with no sign support.

School has a mixed approach to communication, and Noreen uses mainly spoken English supported by sign, mainly in an English word-order. She has BSL lessons from a deaf instructor at school. The provision is quite large one and Noreen has several deaf peers who both speak and sign. She also has a range of hearing friends who all speak English and Urdu but do not sign. They all use English in school.

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At home, Mohammed speaks, understands and uses both Urdu and Panjabi. Parents say that the main language used is Urdu, but they use some English with Mohammed and his brother. His Panjabi has progressed at a similar level to his spoken English. He also uses Arabic in Mosque but although he can read it and speak it he does not fully understand the language. Initially at school in the assessment nursery he joined small group sessions on a weekly basis and had clear speech and language targets as part of a speech programme set by the speech and language therapist. This was delivered by school staff.

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At home Amy uses English (with sign support when needed). Her maternal grandmother is Scandinavian and she speaks Swedish occasionally. At school Amy chooses to use spoken English to express herself (she very

rarely uses any sign) and likes spoken English with sign support to receive language. Staff supporting her use voice and Sign Supported English when working with Amy on an individual basis.

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Jack's language environment both at home and at school is predominantly spoken English. He is comfortable and effective communicating with his family and peers and staff at school using spoken English, and only relies on Cued Speech to follow his teachers in lessons. He communicates in sign language when he is attending the deaf youth club or at NDCS events but he finds it difficult to follow deaf young people of his age who use sign language as a first language unless they communicate with SSE.

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2.6 Language assessment information: Measures, tools and protocols used to assess bilingual and bimodal language development

Tools or protocols are used to assess separate languages and overall language competence
What individual tools are used for
How the individual tools are used
Collated scores and outcomes
Issues for forward planning
Identification of gaps in the profile information

Exemplars
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Aisha's receptive and productive language competencies are currently assessed through formal assessments, informal discussions, group and individual sessions and observations. Receptive language assessments currently focus on understanding of concepts; following instructions (including key words); vocabulary; understanding of BSL and spoken English grammar – at single word and sentence level and understanding of spoken paragraphs (inference and wh-questions)

Productive language assessments are looking at narrative and storytelling; responses to visual stimulus using question forms and the use of BSL and spoken English grammar – at single word and sentence level. The formal tools that are used include the BSL Productive Test and BSL Receptive Test; The Clinical Evaluation of Language Fundamentals (CELF-4) and the Renfrew Action Picture Test.
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Shazia's language skills are assessed through the regular use of filmed spoken and signed language 'samples', which are evaluated by the teacher and the speech and language therapist using informal and formal measures such as the Clinical Evaluation of Language Fundamentals (CELF); smiLE (Strategies and measurable interaction in Live English); BSL assessments (productive and receptive) and National Curriculum levels.
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Zak's spoken language skills are assessed by the ToD using the PIVATS and National Curriculum Speaking and Listening Attainment Targets in combination with the battery of spoken language assessments administered by the speech and language therapist. Zak's productive and expressive BSL development in terms of comprehension, word level/structure/grammar/manual, non-manual features and other linguistic elements are tracked across the different environments and reported to parents in IEPs, ARs and in end of year reports. Formative assessments are also made by the ToD in consultation with the deaf instructor regarding his signed communication (some of this is against S&L criterion from PIVATS/NC). In addition, BSL skills are assessed through the use of the standardised BSL productive assessment.
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Xavier's listening skills are assessed in term of his perception of the supra-segmental features of speech and discrimination. The extent to which he can follow speech without sign support is also monitored in terms of his response to social questions about himself and his spoken language is assessed against the Speech Intelligibility Rating categories.
His BSL is assessed using the productive and receptive narrative and grammar protocols and the Signature BSL levels. Observation in class and feedback from teachers is used to monitor the development of his social use of language.
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Tanya's expressive and receptive language is currently assessed by the speech and language therapist using the Clinical Evaluation of Language Fundamentals (CELF). This assessment has subsets with looks at individual elements of receptive and expressive language. This is used alongside the Renfrew Action Picture

Test (RAPT) and the PSA – Phonological Screening Assessment. These assessments determine the level of progress made annually and are used to determine language targets for the Annual Review and then as stepped targets in the IEP. Tanya's language was assessed using the BSL receptive skills test and the BSL productive skills test. She has also been assessed by the speech and language therapist.

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Noreen's expressive and receptive language is currently assessed by the speech and language therapist using the Clinical Evaluation of Language Fundamentals (CELF). This assessment has subsets with looks at individual elements of receptive and expressive language. This is used alongside the Renfrew Action Picture Test (RAPT) and the PSA – Phonological Screening assessment. These assessments determine the level of progress made annually and are used to determine language targets for the Annual Review and then as stepped targets in the IEP. Her BSL has not been assessed.

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Mohammed's expressive and receptive language was assessed by the speech and language therapist when he was two, mainly through regular observations in his nursery setting. He was assessed later when he was four in his mainstream setting using South Tyneside Assessment of Syntactic Structures (STASS), the Comprehension Screening Assessment and the Phonological Screening Assessment. At that time there were no specific concerns with his understanding of spoken language, His receptive language was at a three word level and he was missing some high frequency sounds. His progress was monitored and over time his language has developed naturally and he has acquired a full range of speech sounds including most high frequency sounds.

Speech discrimination testing, without lip reading has demonstrated his ability to perceive and listen to sounds over time. When he was five he scored 71% on a McCormick toy test at 50DBA unaided and 71% at 40DBA aided. A year later this improved to 72% unaided at 32DBA (minimum level) His aided score now on BKB sentence lists is 100% at 50 DBA. This is in quiet conditions, but he has shown he can repeat these scores in the presence of low level background noise.

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Amy's language skills were assessed using the Reynell assessment and Early Years profiles.

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Jack's most recent SALT assessment concluded that his English language skills are well within the range for his age and he is developing positive strategies for interacting and socialising. Jack's English language competencies have been assessed using a variety of standardised tests over the years including a number of standardised assessments of phonological processing, reading and spelling and the Clinical Evaluation of Language Fundamentals (CELF) and the BPVS vocabulary test. Jack has only had his BSL competency assessed (recently) by his Level 1 BSL tutor.

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2.7 Language Learning Trajectory: Target areas for receptive and expressive language development

Summary comment about the child's language development pathway
Particular areas of strength
General targets and success criteria for personalised language planning
Assessment and monitoring protocols

Exemplars
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Aisha continues to make excellent progress with her spoken language. She is a key contributor in class group sessions and has a good attitude to learning. She is developing her listening skills using her implant to listen without visual support. She is developing her understanding of more complex and abstract words in both languages. Aisha is showing that, with support, she is developing her understanding of more complex grammatical structures in spoken English. She is able to learn and apply the rules using her listening experience of language and linking to her literacy skills. She now has the confidence to play with language and has developed her awareness of the flexibilities within it e.g. making up nonsense rhyming words. With continued experience of listening and spoken communication opportunities, Aisha has developed and will continue to develop her spoken language skills.

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Shazia has very well developed language (both BSL and English). Overall, she has a very positive attitude towards her learning. She contributes well in small group discussions but is significantly less confident in her mainstream class. She is able to switch between the two languages with ease. Shazia is exposed to a language rich environment both at home and at school and is developing two languages in parallel. She is developing her understanding of more complex and abstract words in both languages. Using her implant, she is developing her listening skills and her understanding of more complex grammatical structures in spoken English. With continued experience of listening and spoken communication opportunities, she will continue to develop her spoken language skills.

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Zak is keen and clear communicator. His main mode of communication is BSL. He is a fluent signer and he has a strong identity as a young deaf person. He has clear and confident signing skills, with many elements of BSL included (non manual features, multi-channel signs, role shift). He is also very keen to use his voice and communicate with his hearing peers. He is an effective communicator in mainstream. He is able to use an interpreter well and uses every tool available to him to interact with his friends: lip reading, gesture, picking up on contextual cues, using very clear lip patterns himself and using spoken English. He is extremely keen on developing his spoken language skills.

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Lucy's strengths are her own attitude to communication and learning. She is a keen and determined communicator with a desire to learn. She has developed equity in her language skills and has built up the confidence to adapt her language use for the needs of her audience. Her desire and highly skilled communicative manner is what has ensured her general academic and social success. Lucy is aware of her own language targets and is expected to actively work towards improving and achieving them. For future planning Lucy needs a wider deaf peer group with similar language levels.

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Xavier needs to continue to develop his knowledge of aspects of BSL linguistics in order to consolidate his use of non-manual features, placement, role shift, manner and aspect and to be able to understand and respond to complex higher level question forms (Blooms Level 3-6). He needs to develop a range of strategies to support the development of his written English and use of SSE. To develop his confidence as an independent communicator within the wider community he needs to gain more skills in adapting his

language use for deaf and hearing audiences and develop independent strategies to prepare for and manage communication and interaction with others.

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The focus for Tanya will continue to be on developing her spoken English at the parents' request through annual review and IEP targets. There is not an assessment tool, which accurately monitors her use of languages other than BSquared English and BSL. There is no assessment, which can accurately assess her level of Slovakian. There are no Slovakian speakers employed by the service but as there are many different Eastern European languages it is problematic.

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The focus for Noreen will continue to be on developing her spoken English at the parents' request through annual review and IEP targets. There is not an assessment tool, which accurately monitors her use of languages other than English and BSL.

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Mohammed is part of a mainstream class. He has some support from a general teaching assistant in lessons and makes full use of a radio aid. The teaching assistant will go over difficult language and ideas with him and checks his understanding of new vocabulary if necessary. The support for Mohammed is all now school based with minimal input from a ToD. His targets are in line with his peers and are incorporated within a differentiated planning process. He does not have specific targets for language development, just for hearing aid and radio aid use. He is reported to be very happy at school and is making good progress compared to his hearing peers. His parents are very satisfied with his progress and expect him to remain in mainstream for the rest of his school career,

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Amy needs to work on the production of spoken English, especially word endings. She also needs to learn the rules of grammar through development of literacy skills using sign support to support her deafness when she can't hear the spoken word. She will continue to be assessed using Reynell, and ongoing video assessment using a "snap dragon" analysis sheet.

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Jack's spoken English (with and without CS) and associated literacy competencies are well within the expected levels for his age. Some areas of pragmatic communication skills, particularly his tendency to interrupt in conversations, are target areas. His aspiration for the future is to be bilingual and able to converse confidently and naturally with all of his deaf and hearing peers. His continuing need to develop and improve his BSL skills thus remains a priority. He also wishes to learn a modern foreign language, preferably French. This will entail the use of French Cued Speech (LPC) in an intensive language teaching setting, followed, ideally, with an exchange to France.

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3. APPENDIX 3: ASSESSMENT INFORMATION

3.1 The Ethics of Assessment

All children are subjected to assessment throughout their childhood; it is a necessary part of growing up in our society. Deaf children experience significantly more than their hearing peers and it is therefore important that ethical consideration is given prior to all assessments. The *Ethical Guideline for Educational Research* (2011) produced by the British Educational Research Association (BERA) provides an extremely valuable reflection on the responsibility of researchers and assessors when working with children. Whilst these guidelines were written with educational researchers in mind as a teacher assessing a deaf pupil on a regular basis you are acting as a researcher. The following extracts are equally as pertinent and relevant to a teacher as a researcher:

9…Individuals should be treated fairly, sensitively, (and)* with dignity… p.5

11. …all the participants (pupils) in the research (undertaking the assessment) understand the process in which they are to be engaged, including why their participation is necessary, how it will be used and how and to whom it will be reported. P.5

16. The Association requires researchers to comply with Article(s) 3 … of the United Nations convention on the Rights of the Child. Article 3 requires that in all actions concerning children, the best interests of the child must be the primary consideration.

20. Researchers (Teachers) must recognise that participants may experience distress or discomfort in the research (assessment) process and must take all necessary steps to reduce the sense of intrusion and to put them at their ease. They must desist immediately from any actions, ensuing from the research process, that cause emotional or other harm.

21. Researchers (Teachers)…must seek to minimise the impact of their research (assessments) on the normal working and workload of participants (pupil).
* (our additions)

The full document may be obtained from:
http://www.bera.ac.uk/publications/Ethical%20Guidelines

The following questions may help guide you through the ethical considerations you should apply as part of the preparation for undertaking assessments with a particular child:

- Will undertaking an assessment cause the child undue stress?
- How recently has the child been involved in an assessment process?
- How might the information be obtained most effectively? Which assessment should be used, video, observation or formal assessment?
- Which method will provide the most useful information with the least imposition or burden on the child?
- How will I ensure the information is shared and used appropriately i.e. what information should be provided with the results to enable others to use the data effectively?

3.2 BKB Sentence Lists

Authors: Bench, Kowal & Bamford (1979)
Web address: www.ssc.education.ed.ac.uk/courses/deaf/aud2bkb.html
www.batodfoundation.org.uk/docs/BKBassessment.pdf

Description of the Assessment:
BKB Sentence Lists allow for more sophisticated testing of speech perception than do the word lists and require a more sophisticated scoring schedule. They can also be used to assess the ability of the child to use context or auditory closure, to 'hear' the correct words and to retain a sequence of information. This is useful if trying to distinguish between acoustic difficulty and an auditory processing disorder.
This consists of several lists of 10 sentences, each list containing 50 key words. The sentences are read out to a listener, or a CD may be used. The listener has to repeat what they think they heard. The scoring is two points for each correct word, giving a percentage score.
Equipment: sentence lists (on paper or CD); sound level meter; score sheets.
This test can also be administered in 4-talker babble, known at the BKB-SIN (speech in noise). The level of the back ground noise should be increased to determine an average signal to noise ratio in which a pupil can understand 50% of the words.

Who is it appropriate to use the assessment with?
The BKB sentence lists are suitable for older hearing-impaired children.
They can be used with children who rely on lip-reading.

Why might you use this assessment? What information can it provide you with?
These lists can be used to determine children's auditory potential for speech perception and discrimination.
They can be delivered using different voice levels.
They can help confirm audiometric results.
They can highlight children whose hearing loss is minor, or which has improved, but are experiencing listening difficulties.
They may show which speech sounds children cannot perceive in connected speech.
They can be used to monitor progress over time.
They can be used to assess a child's listening ability in different situations: with/without hearing aids; in quiet and in noise; with/without lip-reading.
They provide a more functional assessment of a child's listening ability than single-word lists.

When could you use the assessment?
They can be used at each audiological assessment.
They can be used if concerns are raised regarding a child's hearing and listening.
They can be used in clinical and non-clinical conditions.

Repeatability: No restrictions but care needs to be taken to avoid familiarity with the sentences.

Modality: Spoken English.

Additional comments:

3.3 Children's Auditory Performance Progression Scale – C.H.A.P.P.S.
Publisher/Author: W. Smoski, 1990 Copyright 1990 by Williams & Wilkins
Description of the Assessment: This is a questionnaire to look at the listening behaviours of children. It is divided into 6 listening conditions: quiet, ideal, multiple inputs, noise, auditory memory/sequencing and auditory attention span. There are 6 questions for each area. Respondents are asked to judge a child's level of difficulty within each area. Equipment required: CHAPS question/score sheet.
Who is it appropriate to use the assessment with? It has been designed for children aged 7 years and over. It can be used with deaf children to determine their level of listening difficulty and inform amplification decisions and/or management options. It can be used with a child who has been assessed as having hearing within normal limits but is experiencing listening difficulties.
Why might you use this assessment? What information can it provide you with? It can be used as a screening device to identify children with listening difficulties caused by hearing loss or central auditory processing disorder (CAPD). It can be used to help decide management strategies for the above children.
When could you use the assessment? It can be used when parents and/or teachers highlight concerns about a child's listening abilities. It can be used to identify listening difficulties. It can be used before and after an intervention programme to identify any improvements.
Repeatability:
Modality: Spoken English
Additional comments:

3.4 Kendall Toy Test

Publisher/Author: Kendall (1954) No published version is available, details of test procedure: BATOD Audiology Refresher No.17 Web address: www.batod.org.uk

Description of the Assessment:
These toy tests are used to assess a child's speech discrimination skills. They can identify if a child is able to differentiate between different consonant sounds from within a closed set of objects. Pairs of toys are used which have the same vowel sound. A score of 80% or more at 40dBA demonstrates hearing for speech is within normal limits.
Toys; The test items are grouped according to vowel sounds:
house cow
spoon shoe
fish brick
duck cup
gate plate
The distractors are: mouse, book, string, glove, and plane.
Equipment needed: sound level meter; score sheet.

Who is it appropriate to use the assessment with?
These assessments can be used with very young children and those who have additional needs.
Children should have the vocabulary for all of the objects. If they do not know some toys these may be left out, but this should be noted.

Why might you use this assessment? What information can it provide you with?
It can be used to confirm audiometric results.
It can give more detailed information on a child's discrimination skills, with and without hearing aids.
It can be used to assess listening in noise.
It may be used to demonstrate the child's use of lip-reading.

When could you use the assessment?
They can be used as part of audiological assessment.
They can be used to monitor progress over a number of years.

Repeatability:

Modality: Spoken English

Additional comments: A widely used test.

3.5 Ling Sounds

Publisher: Various versions are available or you may choose to make your own equipment

Description of the Assessment:
*(A set of 6 sounds identified by Daniel Ling (1979) to assess detection and discrimination across the speech spectrum from low to high frequency.

/ee/ as in key   /mm/ as in mummy
/oo/ as in moon   /ah/ as in father
/s/ as in sock   /sh/ as in show.

The full set of six sounds is presented (if appropriate) and the child is required to identify each one as it is presented. This can be achieved by the child pointing to a picture representing that sound, or the child can be asked to repeat the sound they hear. A series of sounds are produced by the tester and the child responds to them. A normal conversational voice level should be used.

Who is it appropriate to use the assessment with?
This can be used with all children wearing hearing aids to check if hearing aids/cochlear implants are functioning as previously.
It can be used with children with varying levels of hearing loss. However we would not expect those with more profound losses to hear high frequency sounds unless using CI technology.
It can be useful for children who are young or who have additional needs.

Why might you use this assessment? What information can it provide you with?
It can be used to assess discrimination skills between different sounds.
Children are only required to point to a picture as a response.
It can be used to monitor a fluctuating hearing loss.
It can be useful as an early speech discrimination test for young children.
It may indicate changes in hearing which might be caused by faulty hearing aids/ CI.

When could you use the assessment?
The test can be used daily by school staff to pick up any alteration in aided functioning.
It can be part of an audiological assessment.
It can be used after a period of habilitation to assess progress.
Can be used to check radio aid function after balancing.

Repeatability: Can be repeated as often as is required.

Modality: Spoken English

Additional comments:
This is a quick and easy to use test how well a child's audiological technology is working.
Frequently used by implant teams.

3.6 Manchester Word Lists

Publisher: Various versions are available or you may choose to make your own equipment
Web Address: an automated version is available: www.soundbytesolutions.co.uk

Description of the Assessment:
The list consists of ten CVC words. These are read out to the listener who has to repeat what they think they heard. One point is awarded for each correct phoneme, a total of 30, or 10% for each word (3 phonemes) correct, totalling 100%. (If only 2 phonemes are correct score 7%; if 1 score 3%). They can be delivered at various levels.
Ideally they should be done without lip-reading. If lip-reading is allowed be aware that the lists were not designed with this in mind.
Score of 100% with signal level of 40dBA is within normal limits. Aim to find level at which child scores the highest percentage possible.
The AB word lists are now quite dated and some of the words may not be suitable for younger children or those with English as an additional language.

Who is it appropriate to use the assessment with?
Suitable for children of all ages.
May be used with lip-reading (but be aware that some sounds are easier to lip-read and the lists have not taken this into account).

Why might you use this assessment? What information can it provide you with?
Word lists can be used to assess children's ability to discriminate speech.
They can be delivered using different voice levels.
They can be used to assess a child's listening skills in different situations: e.g. in quiet and in noise; with/without hearing aids/radio aid; with/without lip-reading.
They can confirm audiometric results.
They can be used to identify children who are experiencing listening difficulties.
They may highlight which speech sounds a child cannot perceive.
They can be used to monitor progress over time.

When could you use the assessment?
They can be part of each audiological assessment, or to inform future audiological decisions.
They can be used when there are particular concerns regarding a child's hearing and listening.
They can be used in clinical and non-clinical conditions.
As a check after balancing radio aid systems.

Repeatability: No restrictions but vary the lists to avoid rote learning.

Modality: Spoken English

Additional comments:

3.7 Merklein Picture Test

Author: Richard A Merklein (1981)

Description of the Assessment:
This test is used to determine which aspects of the speech spectrum are available to a deaf child via the use of residual hearing. If a child can hear a wide range of different acoustic cues, it is possible they will be successful in developing spoken language. If they are restricted to only being able to access low frequency speech cues, the development of speech could be more problematic.
It consists of 10 pairs of named pictures which differ, in one respect of acoustic phonetics. The listener has to respond to the word being read out by pointing to the correct picture. The two words are presented randomly 10 times in total, and a pass mark is 7/10. The words should be presented at a conversational voice level (65dBA).

Who is it appropriate to use the assessment with?
It may be used with both younger and older children, the only requirement being that they know, or can be taught, the vocabulary.
It may be useful with children whose deafness is less severe but who are still experiencing listening difficulties.

Why might you use this assessment? What information can it provide you with?
It may be used to determine the access a child has to various speech cues, and if the use of sign might be necessary or beneficial.
It might be of use in monitoring a child's progress or development in listening skills over time.
It may provide further evidence to confirm audiometric results.

When could you use the assessment?
It may be used initially to give information so that a speech and language programme can be set up for children with a severe/profound hearing loss.
It may be used to determine access to speech sounds before and after aiding or with/without hearing aids.

Repeatability: No restrictions.

Modality: Spoken English

Additional comments:
It is a useful test; however the American stress may be problematic.

3.8 Profile of Actual Linguistic Skills-PALS

Publisher/Author: The Ear Foundation (NEAP)
Web address: www.earfoundation.org.uk

Description of the Assessment:
This is a criterion-referenced procedure that monitors a deaf child's ability to use spoken language, effectively, in every day environments. The PALS profile looks at the child's rate of progress at five inter-related linguistic levels: social and pragmatic skills, receptive skills, expressive skills, voice skills, and speech skills. The profile was developed to be used with children prior to and in the 12 months immediately following implantation. It may however easily be used with a child recently aided. It can also be used as a middle and long term measure of communication benefit.

Who is it appropriate to use the assessment with?
It has been designed to be used with any child.
It can be used with children experiencing speech difficulties.
It can be used with deaf children to determine their level of functional speech production and contribute to information required to inform amplification decisions and/or management options.

Why might you use this assessment? What information can it provide you with?
It is quick and extremely easy to use.
It could provide a baseline linguistic measure prior to fitting hearing aids or cochlear implants and may be used to monitor the capability of the child to benefit from hearing technology.
It has provided a sensitive means of profiling changes in spontaneous communication and linguistic skills in the pre-lexical stages of language acquisition.
It can be used to help decide management strategies for the above children.
It provides a developmental framework that can be useful for identifying targets for the child's linguistic development.

When could you use the assessment?
It can be used at any time to assess a child's functional speech.
If it is used regularly over a period of time it will indicate progress where appropriate.
It can be used to identify functional speech abilities and difficulties when considering a statement or if extra resources might be needed.

Repeatability: No restrictions.

Modality: Spoken English

Additional comments:
Training included on the NEAP DVD.

3.9 Hearing Age Related Phonological Analysis – HARPA

Author: Peter Keen

Description of the Assessment:
This assessment shows which phonemes a child is using. There is a quick vowel check but the bulk of the assessment looks at which consonants a child has acquired. There are a set of pictures for which you seek to elicit specific words. You then analyse which consonants a child has in an initial, medial and final position. As some consonants are quieter than others, and each are composed of different frequencies it is possible to assess if a child's phonological development corresponds with their hearing loss .It shows the developmental age of consonant production for normally hearing children, and it is called Age Related as you take a deaf child's age as from when they were first effectively aided. It allows the ToD to map the child's consonant percentages onto the "speech banana". If there are discrepancies in the consonant development it might be because the child's hearing aids are not providing sufficient gain in certain frequency regions. This is useful information to pass on to audiologists.

Who is it appropriate to use the assessment with?
The profile can be used with a wide age range of children and infants.
It will be of particular interest with moderate, severe or profound losses.
It may be of particular interest for pupils with a cochlear implant, whom we would expect to develop the range of speech sounds.

Why might you use this assessment? What information can it provide you with?
It is important that amplification provided as a result of audiological assessments is actually enabling a child to develop those speech sounds within their range of hearing.
This information can be passed on to the hospital to inform any possible alterations to the level of amplification needed in particular frequency ranges.
It provides positive evidence of development for parents and teachers and can highlight areas of difficulty and delay re. Speech development.

When could you use the assessment?
An initial assessment might be at 12 – 18 months after initial fitting of hearing aids or cochlear implant.
It can be completed before a hearing aid review to inform their decisions and to highlight developments and identify needs.

Repeatability:

Modality: Spoken Language.

Additional comments:
This produces a lot of information that is useful for audiologists.

3.10 Teacher's Evaluation of Aural/Oral Performance of Children T.E.A.C.H.

Publisher/Author: Teresa Ching & Mandy Hill

Description of the Assessment:
This is a functional assessment of the effectiveness of amplification provided for children. It is a questionnaire to provide a way of recording teacher's observations about how well a child is using amplification in real life situations and the classroom. The questionnaire is left with the teacher 2 weeks beforehand. It records examples of behaviour and the frequency of their occurrence. This can provide valuable information for the audiological team.

Who is it appropriate to use the assessment with?
The profile can be used with a wide age range of children and infants.
Questions marked with an asterisk, are suitable for older children.
Questions marked with a hash, are suitable for younger children.
Questions marked with a smiley face, are suitable for very young children and/or infants.

Why might you use this assessment? What information can it provide you with?
It is important that amplification provided as a result of audiological assessments is actually validated outside of the clinic.
This can provide an assessment of how well a child is actually using amplification in real life settings and situations.
This information can inform any necessary alterations to the type and level of amplification needed.
It provides useful insights for parents and teachers.

When could you use the assessment?
It can be used from the time a child is issued with hearing aids, and over a number of years to monitor how the child is using and benefitting from amplification.
It can be completed before a hearing aid review to inform their decisions and to highlight developments and identify needs.

Repeatability: No restrictions.

Modality:

Additional comments:

3.11 Teaching Talking

Publisher: GL Assessment Web address: www.gl-assessment.co.uk

Description of the Assessment: *Teaching Talking* is an assessment for screening children with a delay in their spoken language. It focuses on children in Early Years settings and primary schools whose linguistic development appears to be delayed, or who are experiencing difficulties with listening or speaking. The Profile Forms enable assessment or tracking of general developmental areas alongside listening and expressive language. The pack also includes intervention strategies, activities and guidance notes. Activities Handbook. At-a-Glance Guide. Sample of Profile Forms: Early Years Profile 1, Early Years Profile 2, Early Years Profile 3, Primary Profile 1 and Primary Profile 2.

Who is it appropriate to use the assessment with? Children between the ages of 1-8 years.

Why might you use this assessment? What information can it provide you with? The profile forms give a picture of the child's functioning in the major areas of development. Progress in language can be compared with other areas of development. It can also help with planning for language intervention work.

When could you use the assessment? At regular intervals to monitor development.

Repeatability: No restrictions.

Modality:

Additional comments:

3.12 B Squared
Publisher: B Squared Web address: www.bsquared.co.uk
Description of the Assessment: B Squared is a checklist style assessment, breaking down EYFS, P Levels and National Curriculum Levels into small steps, allowing for progression tracking. It covers the full curriculum range. The assessment is available as photocopiable paper files or as a software package.
Who is it appropriate to use the assessment with? Children from EYFS through to NC Level 5, where more detail of small step progress within levels is needed.
Why might you use this assessment? What information can it provide you with? To demonstrate small step progress that might not otherwise be apparent. Can also be used for target setting.
When could you use the assessment? At any time.
Repeatability: No restrictions.
Modality:
Additional comments:

3.13 Black Sheep Vocabulary Builder 1

Publisher: Black Sheep Press
Web address: www.blacksheeppress.co.uk

Description of the Assessment:
The Black Sheep Vocabulary Builder is not an assessment, but provides the means to track a child's vocabulary development. It provides a list of target vocabulary (nouns and verbs), with a bank of illustrations. Its aims are to: provide vocabulary development; categorisation skills and may be used to support BSL and SSE skill development.
The pictures are grouped by category, many of which can be linked to Curriculum topics e.g. people; parts of the body; food.
It can readily be used to make games and resources for a wide range of therapy and teaching targets.

Who is it appropriate to use the assessment with?
Children at an early stage of language development.

Why might you use this assessment? What information can it provide you with?
Whilst this is not an assessment package it, can be useful for tracking and supporting vocabulary development.

When could you use the assessment?
To support tracking of vocabulary development and planning language development activities.

Repeatability: No restrictions.

Modality:

Additional comments:

There are a range of other resources available from Black Sheep, all using pictures to help children learn new vocabulary, e.g. emotions, narrative skills, specific speech sounds.

3.14 Monitoring Protocol for Deaf Babies and Children

Publisher: Early Support
Web address: www.ncb.org.uk/early-support

Description of the Assessment:
The Early Support Monitoring protocol for deaf babies and children was devised to help families of deaf children (and the professionals that support them) document the progress that children make in the first three years or so after deafness has been identified.
At the heart of the Monitoring Protocol is a set of charts that families use to record what their child is able to do as time passes and as they learn new things.
The resources are made up of a file and a series of booklets. The initial booklet explains what the materials are for and how to use them. It is aimed at parents or carers of deaf babies and children and the professionals who may come into contact with them or their families.

Who is it appropriate to use the assessment with?
Families of deaf children and the professionals that support them.

Why might you use this assessment? What information can it provide you with?
To document the progress that children make in the first three years or so after deafness has been identified. This also links up to Early Years Foundation Stage Profile and can be used alongside when a child enters pre-school to continue a small step, in-depth track of a deaf child's progress.
Can be used to inform next steps of home visits and any objective setting, early years assessment/report-writing and compiling a Family Plan.

When could you use the assessment?
Flexible tracking system. You agree with parents/carers when they might find it useful to update the protocol. Regular updating is helpful.

Additional comments:
A useful tracker to support small steps of progress for deaf children which is used with both professionals and family alongside each other. It is a downloadable, free resource.

3.15 Performance Indicators for Value Added Target Setting PIVATS

Publisher: Lancashire County Council
Web address: PIVATS   contact via: pivats@lancashire.gov.uk

Description of the Assessment:
Performance Indicators for Value Added Target Setting (PIVATS) is concerned with
Assessment of Learning, Performance Monitoring and Effective Target Setting for Pupils
through the P Scales and up to National Curriculum Level 4.
It is based on the revised performance criteria published by DfES and QCA (2001) that have
become known as the P Scales.   It is a monitoring system for the performance of a child
with SEN and builds up in small steps.
PIVATS covers P Scales and up to National Curriculum Level 4.

Who is it appropriate to use the assessment with?
PIVATS is designed for use with any child using the P Scales, government developed steps to
improvement for an SEN (of varying SEN need) child to follow that are manageable. P-Scales
are used in PIVATS.

Why might you use this assessment? What information can it provide you with?
If you wanted a small step tracking approach for a child following the National Curriculum.

When could you use the assessment?
Flexible tracking system. You may wish to use PIVATS to inform IEP objective setting and
review meetings. You may wish to use it to inform your planning.

Additional comments:
A useful tracker to support small steps of progress, looking at sub levels of the National
Curriculum.

3.16 Web-based British Sign Language Vocabulary Test

Publisher: City University, London
Web Address: http://bslvt.net/

Description of the Assessment:

The purpose of the web-based British Sign Language Vocabulary Test (BSL-VT) is to assess deaf children's vocabulary knowledge in British Sign Language (BSL). The test consists of 4 tasks, 2 for BSL receptive knowledge and 2 for BSL productive knowledge. The tasks assess different degrees of strength of BSL vocabulary knowledge including meaning recognition, form recognition, meaning recall and form recall. Each task consists of 120 items, including nouns, verbs, and adjectives. All tasks are administered online.

Who is it appropriate to use the assessment with?

Deaf children aged between the ages of 4-15 years.

Why might you use the assessment? What information can it provide you with?

The BSL-VT provides teachers with information about students' vocabulary size. In addition, it provides detailed information about children's strength of vocabulary knowledge for single BSL signs. It can be used to assess new students' BSL vocabulary knowledge, monitor students' BSL vocabulary improvement and inform interventions. Students' performance on the BSL-VT can be compared with their BSL-Receptive/Productive Skills Test scores.

When could you use the assessment?

At the beginning or end of a school term.

Repeatability:

Because each of the four tasks uses the same target signs, this gives the person administering the test the flexibility to re-administer all tasks or only those that the student was struggling with.

Modality: BSL.

Additional comments:

2 of the tasks can be self-administered by older students, who are familiar with using the computer/mouse.

3.17 PROFORMA ASSESSMENT INFORMATION SHEET

Title:
Publisher: Web Address:
Description of the Assessment:
Who is it appropriate to use the assessment with?
Why might you use the assessment? What information can if provide you with?
When could you use the assessment?
Repeatability:
Modality:
Additional comments:

APPENDIX 4: EXEMPLAR LANGUAGE PLANS

4.1 Exemplar 1

Name: Alan   Age: 8   Gender: Male   Year group: 4

1. LANGUAGE CONTEXTS				
Area	Priorities	Targets	Time scale	Roles
Family and home contexts	Develop a proactive learning environment with parents to support general engagement/ language and academic potential.	To participate as a family and complete a year in our Outreach programme.	Monitor it after a term.	Parents to actively participate in outreach programme and engage more with his learning needs.
Aetiology and audiology support	To update his FM technology.	To use his FM system whilst in the mainstream and respond to his teacher's voice directly without BSL translation daily.	Weekly conversation with Alan.	ToD/Mainstream teacher and TA co-working.
Educational background and management	Improved reading ability in light of his higher level of independent ability. Also improve his language confidence in mainstream to increase his independent engagement with teacher and peers.	To read and understand one age-appropriate text weekly with his mainstream peers. To use Cued Articulation daily to improve his speech production with his 50 chosen words.	Half term review.	Mainstream teacher, ToD and TA to share perspectives and agree future programme.

Individual Language Resources	To build confidence in spoken communication in mainstream class.	To interact with his teacher and hearing peers. through English once every mainstream lesson.	Termly review.	Mainstream teacher and ToD to plan taking into account role of the TA and SALT to work with Alan in mainstream once weekly to identify areas of support.
Contexts of language use	Alan to develop awareness of benefits of different language use for different learning contexts.	To chose and say why he has chosen his specific language for each lesson. (e.g. BSL, English. SSE).	Termly review.	TA will work with Alan to establish working practices – overseen by ToD/mainstream teacher/SALT.

2. LANGUAGE COMPETENCIES				
Area	Priorities	Targets	Time scale	Roles
Language assessment information	To develop an increase in spoken language use with mainstream peers/adults.	To be filmed once weekly by TOD/SALT interacting with a hearing peer using English only. To complete one speech tracking assessment weekly.	Termly review.	Partnership working between parent, SALT, mainstream teacher and ToD.

3. LANGUAGE PLANNING: WHERE FROM HERE?				
Area	Priorities	Targets	Time scale	Roles
Language learning trajectory	To develop fluency in both BSL and spoken language (be able to demonstrate an understanding of the translation of the two languages that he needs to perform). Alan to concentrate on the development of spoken language.	To complete language assessments in both BSL and English termly. To follow IEP & AR targets that specifically relate to his language development in both BSL and English termly.	Annual review.	Parents to increase his opportunities to use more mature BSL and improve his knowledge of the differences between English and BSL. Parents to engage more with him through conversation and working together with learning opportunities- reading/writing etc.

4.2 Exemplar 2

Name: David   Age: 11   Gender: Male   Year group: 6

1. LANGUAGE CONTEXTS				
Area	Priorities	Targets	Time scale	Roles
Family and home contexts	To develop a network of deaf friends outside school local to home. To maximise communication potential at home.	To attend local or nearby deaf clubs/social events. Father to attend BSL classes.	Monitor it after a term.	Parents/TOD to contact local deaf clubs to develop a network of local deaf friends. Father to enrol in BSL class.
Aetiology and audiology support	Maximise use of listening through hearing aids/FM system.	To use FM in secondary school.	Weekly monitoring of h/aids/FM equipment.	ToD and TA co-working with support from audiologist.
Educational background and management	Improve independence in reading and access to communication through writing.	To ensure he develops confidence in literacy as a communication repair strategy.	Half term review.	ToD and TA to develop and support with a rigorous literacy programme.
Individual language resources	Build confidence with using spoken communication in class.	To use voice and spoken English in 1:1 conversations.	Termly review.	ToD/SALT to set up opportunities for structured and free conversations in English.
Contexts of language use	Develop awareness of benefits of different language use for different learning contexts.	To articulate his language preferences for different learning situations (e.g. BSL, English. SSE).	Termly review.	ToD/ TA/SALT will work with him to establish working practices.

2. LANGUAGE COMPETENCIES				
Area	Priorities	Targets	Time scale	Roles
Language assessment information	Develop an increase in use of spoken language for communication with hearing/aural adults/peers.	To analyse his speech development using speech tracking/vocal production and lipreading assessments.	Termly review.	Partnership working between parent, SLT and ToD.

3. LANGUAGE PLANNING: WHERE FROM HERE?				
Area	Priorities	Targets	Time scale	Roles
Language learning trajectory	To develop confidence and fluency in spoken English. To develop competence in translation between BSL and English.	Continued support and assessment of both BSL and English. Support the transition to increasing use of spoken language with technology support for learning.	Annual review.	

4.3 Exemplar 3

Name: Aisha   Age: 8   Gender: Female   Year group: 3

1. LANGUAGE CONTEXTS				
Area	Priorities	Targets	Time scale	Roles
Family and home contexts	Develop a network of local friend both deaf and hearing outside of school.	To attend weekly local ballet classes and Brownies this term and to know the names of 3 peers also attending.	Monitor and ask for Mother's and Aisha's feedback after a term.	Mum to arrange classes with other local families.
Aetiology and audiology support	Trial new hearing aid for awareness of background sounds e.g. peers talking in class.	Aisha to use her hearing aid 100% of the time in her mainstream class and be able to discuss her opinions on its use each week with her teacher.	Weekly conversation with Aisha.	Speech and Language therapist and ToD to monitor.
Educational background and management	Attending mainstream school for three days a week in the light of her excellent progress, enjoyment of the placement, and further listening opportunities.	Weekly curriculum planning shared by email. Half termly phone conversations with TOD and mainstream teacher. Targets shared termly via email.	Half term review.	Mainstream teacher, ToD and Mother to share perspectives and agree targets.
Individual Language Resources	Infer information from longer spoken text.	To infer 2 pieces of information from a longer news narrative with minimal adult or visual prompts in	Termly review.	Speech and Language therapist and ToD to monitor.

Contexts of language use	To continue to build her confidence in code switching in both school settings between BSL and Spoken English.	To independently request the spoken word and sign for unknown or unfamiliar vocabulary on at least five occasions in class during each week.	Termly review.	ToD to monitor with discussion with mainstream.
		weekly speech and language sessions.		

2. LANGUAGE COMPETENCIES				
Area	Priorities	Targets	Time scale	Roles
Language assessment information	Develop auditory memory skills as identified by CELF assessment.	For Aisha to use her auditory memory to follow a longer instruction containing up to 4 parts in a structured activity with minimal repetitions.	Termly review. Re-assess as per CELF protocol.	Partnership working between Mother, Speech and Language Therapist, Cochlear Implant Team and ToD.

2. LANGUAGE PLANNING: WHERE FROM HERE?				
Area	Priorities	Targets	Time scale	Roles
Language learning trajectory	Aisha to develop her consistency of grammatical markers in spoken language. To continue to develop her exposure to spoken language in her mainstream setting.	To participate in assessment of her speech, language and communication skills using a range of formal and informal assessments. To use the correct tense markers on 80% of occasions when giving her news in Speech and Language therapy sessions and daily conversations with hearing staff with minimal prompts.	Annual review. Termly consultation between Mother, ToD and mainstream staff.	Speech and Language therapist and ToD to monitor targets.

4.4 Exemplar 4

Name: Jack   Age: 14   Gender: Male   Year group: 10

1. LANGUAGE CONTEXTS				
Area	Priorities	Targets	Time scale	Roles
Family and home contexts	Further develop his independence out of the home, in local clubs, etc.	Develop his confidence to travel independently to and from clubs using public transport.	2 years.	Parents to support his overall confidence and independence skills as a young person outside of school. His best friend to help him get used to using public transport independently.
Aetiology and audiology support	N/a			
Educational background and management	Ensure that Jack is able to keep up with the GCSE homework load and fast pace of lessons across all subjects.	Support Jack to create and keep to a clear homework timetable. Ensure that Jack makes good use of lesson notes to review content of lessons and to check his understanding.	Weekly reviews.	CSW & parents to speak to Jack at least weekly about his homework and use of class notes. Class teachers to report any late homework and speak to Jack.

Individual Language Resources	To continue to develop his BSL skills to reach good conversational level. To continue to develop his English language skills, particularly: a. His advanced written English essay-writing for GCSE and subsequently A-Level standard. b. To continue to improve intelligibility of speech, and pragmatic conversation skills.	To progress from Level 1 BSL to Level 2 with bespoke sessions with another deaf young person. To work on the flow between paragraphs; continue to read a wide variety of fiction and non-fiction; develop self-review and editing skills. To generalise improved articulation of particular speech sounds, e.g. dipthongs containing the 'ee' sound, into normal speech. To continue to work on specific speech exercises set by vocal therapist.	Reviews as required for Level 2 BSL training. Teachers' termly and annual assessments of his work, including writing, and summer exams across all subjects. Ongoing (daily) monitoring of speech production / voice quality, reviewed more closely by his vocal therapist in weekly or fortnightly therapy sessions.	Speech and Language Therapist and ToD to monitor, and his BSL tutor / examiners to formally assess his BSL levels. Mainstream teachers and CSW and parents to offer support with reviewing as appropriate, based on ongoing assessments. Parents and CSW to jointly support practice of voice and speech exercises from his weekly vocal therapy sessions, and to encourage him to remember techniques for improving the quality of specific sounds in his normal speech.
Contexts of language use	To continue to build his confidence using BSL in social communication with deaf friends who sign.	To be able to converse confidently and comfortably with deaf friends in a social context.	Ongoing review, at least annually.	His ToD to monitor, with additional informal support from the local deaf children's society youth club leaders.

2. LANGUAGE COMPETENCIES				
Area	Priorities	Targets	Time scale	Roles
Language assessment information	To achieve BSL Level 2 and subsequently progress on to BSL Level 3.	BSL training (as above).	Reviews and assessments as required for BSL Levels 2 and 3 (as above).	BSL tutor and examiners.

3. LANGUAGE PLANNING: WHERE FROM HERE?				
Area	Priorities	Targets	Time scale	Roles
Language learning trajectory	Future conversational fluency in BSL.	Working towards Level 3+ BSL. Grade As / Bs in his GCSEs. Further progression on to A-Levels.	Annual reviews going forward. End-of-year exam results and GCSE results.	BSL tutor, voice therapist, CSW, parents and ToD all supporting and monitoring as appropriate.
	Continuing advancement of his writing skills.			Mainstream teachers and parents supporting and monitoring his writing skills.
	Continuing improvement in the intonation, vowel pronunciation and overall clarity of his speech.	Generalising progress made in voice therapy sessions into everyday speech.		
	To learn a modern foreign language (French).	To attend an intensive French language course with LPC (French Cued Speech) support.		Parents to research suitable French language courses and seek LPC support through the Cued Speech Association UK & ToD and all supporting Jack to discuss at annual review.

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