Please tick the appropriate boxes below to indicate the strategies you have since the last review to help him/her achieve their targets.

|  |  |  |  |
| --- | --- | --- | --- |
| Strategies used with pupil | Worked | Didn’t work | Haven’t used |
| Age appropriate texts |  |  |  |
| Simplified vocabulary |  |  |  |
| Word lists |  |  |  |
| Use of diagrams/pictures/visual aids |  |  |  |
| Tape recorded texts |  |  |  |
| Homework recorded in organiser for child |  |  |  |
| Differentiated class work |  |  |  |
| Clear lesson objectives given/written on board |  |  |  |
| Oral instruction repeated/further explanation |  |  |  |
| Rewards for achievement |  |  |  |
| Multi-sensory activities |  |  |  |
| Text/questions read to whole class/individual |  |  |  |
| Amanuensis – answers written down for pupil |  |  |  |
| Scribe – answers re-written from pupil’s work |  |  |  |
| Use of ICT: word processor/laptop etc |  |  |  |
| Teacher’s notes photocopied for pupil |  |  |  |
| Appropriate seating – able peer/study buddy |  |  |  |
| Peer study/reading Support |  |  |  |
| Parental Reading Support |  |  |  |
| Additional Teacher support |  |  |  |
| Teaching Assistant in class support |  |  |  |
| Oral presentation instead of written work |  |  |  |
| Group work/Change in grouping arrangements |  |  |  |
| Activities amended to individual learning style |  |  |  |
| Choice of tasks given |  |  |  |
| Subject specific vocabulary lists in book/on wall |  |  |  |
| Summary cards/information for revision |  |  |  |
| Extra time for tests |  |  |  |
| Differentiated activities/worksheets |  |  |  |
| Use of writing frames |  |  |  |
| Use of sentence starters |  |  |  |
| Change in lesson pace |  |  |  |
| Use of KS1 Maths Workbooklets |  |  |  |
| Use of Rigby Rocket reading scheme (R – Y2) |  |  |  |
| Use of Skyracer reading scheme (Y3 – Y6) |  |  |  |
| Use of phonic check lists/Progression in Phonics |  |  |  |
| Individualised programmes of work |  |  |  |
| Use of Touch Typing |  |  |  |
| Use of ALS/ELS/FLS |  |  |  |
| Involvement of outside agency.(Please state) | | | |
| Other. (Please State) | | | |

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Staff Member) Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_