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**St Gabriel’s Catholic Primary School**

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| **Dyslexia Policy Document**March 2025 |

Mission Statement

‘Nurturing Hearts and Minds’

God’s love is at the heart of all that we do at St Gabriel’s Catholic Primary School.

Hearts and Minds are nurtured in a stimulating and safe environment. We believe that every child is unique and we nurture each child through a creative and rounded curriculum to reach their full potential. Talents are celebrated and differences are respected within a strong, supportive Catholic community.

At St Gabriel’s, children learn to love, respect and care for each other and God’s entire world. Our school is a place where children are filled with a love of life and learning.

What is dyslexia?

Dyslexia is a learning difference, a combination of strengths and weaknesses which affects the learning process in reading, spelling and writing. Dyslexic learners may also have accompanying weaknesses in short-term memory, sequencing and the speed at which they process information.

How do we identify dyslexia?

At St. Gabriel’s, through regular, ongoing teacher assessments, we monitor children’s work for difficulties that may identify traits of dyslexia (see below). We may also recognise learners who find it difficult to produce ability-appropriate evidence of learning, or who show persistent difficulties despite quality first teaching adaptations.

Once a teacher identifies that a child may be showing traits of dyslexia, they consult with parents and then speak with the school SENCO. Following this, a screening assessment may be completed by either the SENCO or Dyslexia Lead, if there is an identified need. Parental consent must be given for screening. A meeting is then sought with parents to discuss the outcome and the provision that will be put in place. A dyslexia strengths and difficulties checklist, produced by the British Dyslexia Association (see Appendix 1), may also be completed, particularly if the screening comes back with a low probability.

From Spring 2024, all children in Year 2 working towards or below ARE in reading and writing will be screened following a conversation with parents.

Recognised traits of dyslexia (not exhaustive)

* More confident verbally than in written work
* Struggles to get ideas down on paper
* Persistent and marked difficulty with spelling
* Has difficulties holding instructions in mind
* Handwriting is laboured and untidy
* Difficulty sequencing information
* Finds it difficult to copy information
* May describe visual discomfort when reading and/or may use a coloured overlay
* Comprehension difficulties
* Muddling words that look alike
* Confusing similar-sounding phonemes
* Confusion of similar letters, like ‘b’ and ‘d’ and, uppercase and lowercase letters
* Spelling the same word differently in the same piece of work, such as ‘more’, ‘mor’ and ‘mro’
* Struggling to identify or construct rhymes
* May appear to be disorganised
* When reading, omits words, adds extra words or loses place on page
* Finds schoolwork exhausting

How do we support our dyslexic learners and children who show traits of dyslexia?

Once a child is identified as showing traits of dyslexia, supportive strategies are put into place, regardless as to whether a formal diagnosis is sought/attained.

General Classroom Strategies

* Slides used to present information feature dark-coloured text on light (but not white) backgrounds, avoiding green, pink and red text
* Avoidance of font styles that are ‘too crowded’, making use of font styles such as Gill Sans, Arial, Comic Sans, Tahoma, Verdana, Calibri and NTFPreCursive, in line with school policy
* Increased line spacing on worksheets and slides (ideally 1.5)
* Explaining activities in a variety of ways, supported by visuals, when appropriate
* Avoiding ‘crowded’ displays, particularly in English and maths
* Little Wandle phoneme mats and common exception word mats available for all children to access as and when needed
* Use of WAGOLLS (what a good one looks like) to model tasks and expectations

Individualised Strategies

* Additional 1:1 or group reading sessions
* Echo reading
* Visual stress assessment
* Targeted interventions:
	+ Precision Teaching
	+ Toe-by-Toe
	+ SOS spelling
	+ Little Wandle Catch-Ups (Year 1)
	+ Nessy (Years 2-3)
	+ Dyslexia Gold (Years 4-6)
	+ Write from the Start
* Visual checklists for activities
* Asking a child to repeat back instructions
* Individualised word mats targeting area of difficulty
* Positioned near the front of the classroom with limited distractions
* Having their own set of easily accessible resources, e.g. pen pot
* If copying from the board is needed, print out a separate copy
* Use of assistive technology, e.g. laptops, voice recorders, C-pen
* Pre-teaching of new concepts and vocabulary
* Additional 1:1 or small group support
* Line guide to support finding place in text
* Letter and/or number strips placed on table
* Provide different ways to respond, e.g. circling an answer or filling in the blank
* Provide sentence starters that show how to begin a written response

Next Steps

At St. Gabriel’s, we follow the Cheshire East Graduated Response to identifying SEN. If we observe emerging and/or fluctuating difficulties in a child such as those traits described in this document or in the BDA checklist, and these needs cannot be met with Quality First Teaching strategies, then a child is placed on First Concerns. This involves a discussion with the class teacher and parents, with the teacher completing a First Concerns Profile document which is shared with parents and the young person.

If the child’s difficulties continue to impact their learning despite adjustments additional to Quality First Teaching being made, and/or if progress is not evident or the gap becomes significantly wider, then the child may be placed onto SEN Support, identifying persistent and moderate difficulties. A child on SEN Support is placed onto the SEN register and has a SEN Support Plan created which is reviewed and discussed at least termly with parents/carers. External advice may be sought at this point, for example through Educational Psychology (EP) consultations.

Further steps for those children whose difficulties are persistent and significant, defined in the Cheshire East guidance as low attainment reflected in levels typically two-thirds of chronological age, include applying for an EHCP needs assessment.

Signed:

S Baker

Date: March 2025

Review Date: March 2026

Appendix 1

**Primary School Dyslexia Checklist**

**Name: DoB Class: Date:**

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| --- | --- | --- |
| **Difficulties** | **Yes** | **No** |
| Family history of similar difficulties |  |  |
| Difficulty with phonological awareness especially at the phoneme level |  |  |
| Difficulty with following instructions |  |  |
| Need for time to produce an oral response when questioned |  |  |
| Lack of fluency in reading affecting comprehension |  |  |
| Inaccurate decoding |  |  |
| Fear of reading aloud |  |  |
| A lack of enjoyment of reading |  |  |
| Persistent and marked difficulty with spelling |  |  |
| Messy, laboured handwriting |  |  |
| Difficulty in finding the right word to describe things |  |  |
| Mispronounces words |  |  |
| Difficulty in remembering sequential information, e.g. alphabet, times tables, days of week |  |  |
| Poor short-term working memory |  |  |
| Takes longer than average to complete written tasks |  |  |
| Difficulty copying from the board |  |  |
| May describe visual discomfort when text reading |  |  |
| Can be clumsy and lack co-ordination |  |  |
| Mixing up numerical symbols |  |  |
| Difficulty with Math’s vocabulary |  |  |
| Miswriting of numbers |  |  |
| Low self-esteem |  |  |
| Behavioral difficulties |  |  |
| **Strengths** |  |  |
| Imaginative |  |  |
| Good at thinking and reasoning skills |  |  |
| Able to see the “big picture” |  |  |
| Good at problem solving |  |  |
| Good general knowledge |  |  |
| Good understanding of texts that have been read to him/her |  |  |
| Curious |  |  |
| Sophisticated receptive language |  |  |
| Good visual-spatial skills |  |  |

**Further Action to be taken: Yes/No**

**Action to be taken:**