



Strategies for supporting pupils with Special Educational Needs and Disabilities in **DT** lessons

Individual Need	Here's how we can help everyone learn...
Attention Deficit Hyperactivity Disorder	<ul style="list-style-type: none"> • Practical activities – DT lessons have practical activities at their heart – if a child needs support for this, the classroom TA should be on hand to help (but not lead) the activity.
Anxiety	<ul style="list-style-type: none"> • Children are prepared before the DT lesson – instructions for carrying out the steps needed to create - design, build and evaluate challenges. • Sometimes projects do not go according to plan and building resilience and evaluating in these areas is important. Adults will support pupils with the importance of learning from mistakes.
Autistic Spectrum Disorder	<ul style="list-style-type: none"> • Depending on the child and their specific needs, children on the Autism Spectrum may benefit from: • Group work (they may be given a role within the group that they have chosen or can observe). • One-to-one TA support – children can complete the learning task with tailored support. • Preparation if there will be loud noises/mess/use of tools etc. • Being allowed to meet their own sensory needs, e.g. wash hands/give themselves distance if required. • Use annotated photographs as evidence – scribe if needed. • Work differentiated to match the child's level of understanding.
Dyscalculia	<ul style="list-style-type: none"> • Have a range of ways to show their learning including: photographs, diagrams, labels to stick onto pictures, screen shots, worksheets, posters, presentations (oral and visual), working in groups, verbal contributions,

	practical experiments and observations, matching activities, project builds etc.
Dyslexia	<ul style="list-style-type: none"> • Provide a range of ways for the child to show their learning including: photographs, diagrams, labels to stick onto pictures, screen shots, worksheets, posters, presentations (oral and visual), working in groups, verbal contributions, practical learning tasks and observations, matching activities, project builds etc. so writing does not interfere with showing knowledge.
Dyspraxia	<ul style="list-style-type: none"> • Give opportunities for working in groups to allow children to work to their strengths. • Learning tasks will be altered to allow access to all. • TA/Teacher support will be given where required.
Hearing Impairment	<ul style="list-style-type: none"> • Provide written and pictorial instructions • Allow discussion and sharing of ideas to build verbal skills. • Have group members face the child when sharing.
Toileting Issues	<ul style="list-style-type: none"> • Allow time to complete the learning task – give extra time if required.
Cognition and Learning Challenges	<ul style="list-style-type: none"> • Allow for a range of ways for children to explain their learning, including in words, photographs, diagrams, comparisons to real-life situations and contextualisation. • Have a range of ways to record their learning including: photographs, diagrams, labels to stick onto pictures, screen shots, worksheets, posters, presentations (oral and visual), working in groups, verbal contributions, practical experiments and observations, matching activities, project builds etc.
Speech, Language and Communication Needs	<ul style="list-style-type: none"> • Have a range of ways to record their learning including: photographs, diagrams, labels to stick onto pictures, screen shots, worksheets, posters, presentations (oral and visual), working in groups, verbal contributions, practical experiments and observations, matching activities, project builds etc. • Vocabulary displayed on the working wall and access to Knowledge Organisers / prior learning where relevant.

Tourette Syndrome	<ul style="list-style-type: none"> Depending on the frequency and severity of tics, some learning tasks may need to be adapted to accommodate use of delicate components or DT equipment.
Experienced Trauma	<ul style="list-style-type: none"> As with anxiety, trauma can stop a child learning in DT due to associations. Prepare the child regarding potential triggers. Allow the child to observe rather than participate if needed – in group work, this could be allowing them to have a slightly different learning task which contributes to the overall learning but does not require them to handle, discuss or take part in activities which might be a trigger.
Visual Impairment	<ul style="list-style-type: none"> Familiarise the child with the tools and equipment being used beforehand – let them feel the tools / equipment and create an image in their mind. Discuss the learning task beforehand and prepare the child for any noises/textures. The child will complete the learning task with support given by TA/teacher as needed. Provide a range of ways to show their learning, including: photographs, diagrams, screen shots, labels to stick onto pictures, worksheets, posters, presentations (oral and visual), working in groups, verbal contributions, practical experiments and observations, matching activities, project builds etc. Explain the representation to the child and scribe responses to the experiment, predictions etc. beforehand. Use visualisers / Smartboard to magnify learning tasks.