

## Woodland Department Data

- During 2016-2017 there were 22 pupils in Woodland Department.
- One of these pupils (CS) was new to the school, so therefore only has one year's worth of data. This pupil's data cannot therefore show percentage increases, so is not included in this analysis. Data from 21 pupils is included here.

### Overall Progress

- 16/21 pupils made more than 10% of progress. This indicates 'new skills and developmental milestones'.
  - 4/21 pupils made 7-10% of progress, which indicates 'emergence of new skill'.
  - 0/21 pupils made 2-6% of progress, which indicates consolidation of existing learning.
  - 1/21 pupils made under 2% of progress, which is a concerning rate of progress.
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- This shows that over 95% of the pupils have made at least 7% of progress overall. This is higher than we predict for future years. Research from Rosewood School states that 'new learners' often make a high percentage of progress in their first year at the school. Our first round of ImPACTS assessments were completed in 2015-2016, and all of our pupils were 'new learners'/new to ImPACTS assessment at that stage, so what we have seen in terms of high percentage increases is in keeping with Rosewood School's research.
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- Rosewood School have carefully observed the progress of pupils with PMLD since 2007, and their research indicates that the majority of pupils' progress follows a 3 year cycle, two years of consolidation following a peak of about 10% of progress. We don't yet know where our pupils are within their 3 year cycles of learning. This set of data may represent their peak year, but is more likely to be because they are new to ImPACTS assessment.
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- One pupil has made a concerning level of progress. She has a diagnosis of Tuberous Sclerosis, which is a condition where cysts grow all over the body, including on the brain. Developmental regression may be associated with this. The pupil also has frequent, uncontrolled seizures impacting greatly of her alertness levels and ability to learn. Looking at her PPP document, she has achieved 3/7 of her individual targets set between the class teacher and team of therapists. She has made progress towards the other 4 targets set also. Even though her progress within ImPACTS has been concerning, she has made progress with the targets set for her by the team of

**professionals who know her well.** This pupil has maintained skills, and hasn't regressed according to ImPACTS.

We do not expect our pupils to make the same level of progress within all of the areas of ImPACTS. It may be that a pupil has made outstanding progress with their communication skills, but their Gross motor skills may have improved only slightly. This is normal in terms of child development. Mothers and Health Visitors often talk about a child learning to walk, and not learning any new words while they are doing this. (I will try to find a quote to support this!)

### **Communication**

15/21 pupils = new skills and developmental milestones

3/21 = indicates emergence of a new skill

2/21 = consolidation of existing learning

1/21 = concerning rate of progress

The Communication assessment documents provided by Rosewood school were one of the first assessments they wrote. We fed back to Rosewood School that we had noticed the jumps between assessment points to be much bigger in the communication assessment documents than in the other ImPACTS assessment documents that have been written more recently. In September 2017 (now) we have been provided by a new ImPACTS curriculum and assessment for communication, which we will start working on this term.

### **Cognitive (New Curriculum called 'Cognition and Learning')**

17/21 pupils = new skills and developmental milestones

2/21 = indicates emergence of a new skill

1/21 = consolidation of existing learning

1/21 = concerning rate of progress

## **Gross Motor**

11/21 pupils = new skills and developmental milestones

4/21 = indicates emergence of a new skill

4/21 = consolidation of existing learning

0/21 = concerning rate of progress

1/21 – One pupil previously achieved all assessment points in the Gross Motor assessment. This pupil is one of our older pupils. She has extended her gross motor skills this year though targets and work set by her class teacher and the therapists who know her well. ImPACTS have written some 'extended curriculums' for P4+ for Communication and Cognition, but there is not yet one available for Physical Development. EYFS framework has been looked into.

No pupils made a concerning rate of progress.

## **Fine Motor**

9/21 pupils = new skills and developmental milestones

4/21 = indicates emergence of a new skill

3/21 = consolidation of existing learning

5/21 = concerning rate of progress

3/5 pupils with a concerning rate of progress were in the same class. Lack of OT input and an inexperienced teacher may have had an impact. The teacher is no longer with the class and an experienced OT has now been employed.

## **PSEWB – Self-Help**

10/21 pupils = new skills and developmental milestones

3/21 = indicates emergence of a new skill

2/21 = consolidation of existing learning

6/21 = concerning rate of progress

1 – poor attendance in school...

2 – high amount of uncontrolled seizures, poor sleep, eating and drinking motivation and physical issues. SaLT, nurse, SW involved..

3 – poor attendance...

**4, 5 and 6 in the same class.** - We think pupils who had their AR's early in the academic year may be showing lower progress than the pupils who have their ARs later in the year. This may be because a new teacher/staff team doesn't know the pupils as well at the beginning of the year and isn't confident that progress has definitely been made. To overcome this, RM has offered to support the next teacher/team with autumn term ImpACTS assessments prior to their ARs.

### **PSEWB – Self-Advocacy**

11/21 pupils = new skills and developmental milestones

6/21 = indicates emergence of a new skill

2/21 = consolidation of existing learning

2/21 = concerning rate of progress

### **ECT**

This was the last area of ImpACTS for us to take on, and these assessments were completed in Autumn 2016, which meant that we didn't have 2 sets of data for this area. We will be able to work out ECT percentage increases in 2017-18.