



## CGC CURRICULA OVERVIEW

This policy has been written for	<ul style="list-style-type: none"> <li>● All staff at The Chelsea Group of Children</li> <li>● Parents and pupils</li> </ul>	
Copies of this policy may be obtained	<ul style="list-style-type: none"> <li>● As a hard copy or email attachment on request from the School office</li> </ul>	
Participants and consultees	<ul style="list-style-type: none"> <li>● Head Teacher</li> </ul>	<ul style="list-style-type: none"> <li>● Other staff</li> </ul>
The Lead Member of staff is	<ul style="list-style-type: none"> <li>● The Head Teacher designs the teaching program</li> <li>● The Head of Therapy oversees the Therapy Program which is developed by the occupational therapists and the speech and language therapists.</li> </ul>	
Definitions and key terms used in this policy	<ul style="list-style-type: none"> <li>● CGC - The Chelsea Group of Children</li> </ul>	
Persons with particular responsibilities	<ul style="list-style-type: none"> <li>● The Head Teacher is responsible for monitoring implementation and reviewing all aspects of the program throughout each year.</li> </ul>	
Other participants and Stakeholders	<ul style="list-style-type: none"> <li>● Parents</li> <li>● Students</li> </ul>	<ul style="list-style-type: none"> <li>● Staff</li> </ul>
Monitoring and Evaluation	<ul style="list-style-type: none"> <li>● The Head Teacher and the Policy Administrator will ensure the policy is kept up to date and all members of staff are complying with the rules and guidelines</li> </ul>	

### INTRODUCTION

We plan the curricula carefully, beginning with therapy needs, then choosing generative topics for engagement and cross curricular opportunities so there is coherence and full coverage of all aspects of our learning goals, IEPs and requirements set out in EHCPs. There is planned evidenced progression in all curriculum areas. Continual assessment informs and drives the development and flexibility of the curricula and the individual education plans.

To accomplish these goals, we provide

- thorough assessment to determine the individual teaching plan
- speech and language therapy
- occupational therapy
- individualised academics
- social skills education
- behaviour modification and self-monitoring
- the development of moral responsibility
- the development of independence and life skills
- technology education



**We build a provision of components addressing each student's needs**

1. Therapeutic:
  - a. Speech and Language Therapy
  - b. Occupational Therapy
  - c. Child counselling
  - d. Emotional Support via Dance and Play Therapy
2. Developmental:
  - a. Vygotsky: Activities to help develop cognitive functions
  - b. Therapies
3. Academic:
  - a. English
  - b. Mathematics
  - c. Science
  - d. Technology (DT and ICT)
  - e. Humanities (Geography, History and RE)
  - f. Creative and Aesthetic (Art, Drama and Music)
  - g. PSHE (including Sex education for Year 6's pupils)
  - h. Physical Education
4. Social and Emotional: all aspects of the curriculum are designed to build the child's self-esteem and instil moral responsibility, cooperation, and integration and connections outside himself (PSHE, Social Development, Therapies)

**THERAPY PROGRAM**

Our Therapy Staff consists of

- Head of Therapy
- 3 Occupational Therapists
- 3 Speech and Language Therapists
- 1 Child Counsellor
- 2 Play Therapists and 1 Trainee Play Therapists

A student's therapy needs inform and determine the ever-changing individualised provision for that child at The Chelsea Group of Children. An excellent team of therapists and teachers deliver a uniquely integrated and blended provision addressing the developmental levels of abilities, the cognitive functions, the specific barriers to learning, and the social challenges of each child.

Qualified therapists are involved in all aspects of the student's day; in the classroom, the lunchroom the playground, local shops and businesses and public transport empowering the child with the skills necessary to be part of school, family life, and the community. There is a strong emphasis on inclusion throughout the school and this underpins each child's therapy provision and plan.

The effectiveness of the intervention, support and therapeutic provision for each child is continually monitored and analysed by the teaching and therapy team who meet throughout each week

There is a constant interactive process of

- assessment
- planning



- implementation
- evaluation

### **ASSESSMENT AND REPORTING PROVISION**

The developmental levels of abilities, the cognitive functions and the specific learning and social challenges of each child are thoroughly and continually assessed by the team of teachers and therapists working in the school. Every disability is different; even children with identical diagnosis can present a range of differing complex needs. Each child is unique in neurological, developmental and emotional makeup.

An individual and child centred approach, building a teaching plan based on the broad profile of the student, best serves the complex child who cannot be taught using one age level curricula.

- All students are comprehensively assessed during the first half term (September-October) of the school year using a range of both standardised and observational assessment tools as appropriate for the individual child. The EHCP, Speech and Language Therapy and Occupational Therapy assessments make up the core resources from which the IEPs are constructed and inform the academic plans as well as the social and behavioural modifications and interventions
- The draft IEPs are given to parents in November. This document includes modifications, interventions, and goals in all relevant areas of the curricula and therapy needs. Parents' consideration and input are requested.
- Each IEP is continually reviewed by all members of the teaching and therapy teams. As targets are achieved, these are replaced with more challenging goals.
- In May and June, the end of year school report provides a comprehensive comparison of the child's progress throughout the academic year. During this time, we hold the formal Annual Reviews with all teachers, therapists, parents and representatives of the local education authority, when necessary and appropriate, to amend the EHCP (Education Health Care Plan) and set new goals in the document.

**Project Based Learning:** Project Based Learning is a dynamic teaching method allowing differentiation for the widely varying abilities and challenges within small groups of special needs learners. In Project Based lessons both teaching and learning is

- authentic
- engaging
- interactive
- multi-sensory

The curricula are presented as over-arching projects from which teachers create activities. The projects integrate multiple subjects and each activity offers a range of opportunities for extended periods of engagement and enjoyment. The lessons are highly structured but flexible enough to allow child led enquiry.

**Relationship Based Curricula:** Many of our students have experienced failure in previous academic settings and come to us with diminished self-esteems and fear of school. Learning is not seen as an enjoyable activity. Our first task in dealing with children who have failed academically and socially is to alleviate the anxiety associated with school and /or social interaction allowing him to voice his difficulties and areas of distress. The teacher acknowledges the child's feelings in a supportive way, often demystifying the struggles he experiences and helps him to develop his own strategies to empower himself with the modifications needed to overcome challenges in learning and in life. The



staff provide as many experience-based learning opportunities as possible. We feel lessons can be highly motivating if made real by connections to the child's world outside school.

Dr. Stanley Greenspan states that "teaching children to become independent thinkers enables them to do anything." The way to do that is to "respect the child's excitement while challenging her to become more logical and better adept at abstract thinking" (Greenspan/Wieder 1998). More rigid approaches focus on changing specific behaviors, or teaching very specific skills. Children may memorize the skills taught but if they cannot 'think on their feet,' their ability to use and generalize these skills will be limited. "Children with developmental challenges often favor rote ways of thinking, and rote learning only compounds the problem" (Greenspan/Wieder 1998).