Royal School in Transylvania
Whatever the Question, Education is the Answer!

AEN & Inclusion Policy

Royal School in Transylvania is identified as an inclusive school and we embrace individuals irrespective of disability- medical, learning, behavioural or other needs. The school aims to enrol children who, for a variety of reasons, face barriers to education and learning, and to provide them with effective academic support and to provide them with the knowledge on how to face the challenges in and around the society. This can include children with a disability, a health condition, behavioural, mental health or wellbeing difficulties. Enrolment of children with disabilities is based on the ability of the Royal School team to provide extra support and on ensuring the child can learn in the Royal School context.
Additional Educational Needs (AEN) is the term used to describe it.

The specific objectives of our AEN policy are as follows:

- to identify pupils with additional educational needs and disabilities and ensure that their needs are met.
- to ensure that children with additional educational needs and disabilities join in with all the activities of the school.
- to ensure that all learners make the best possible progress.
- to ensure parents are informed of their child's additional needs and provision and that there is effective communication between parents and school .
- to ensure that learners express their views and are fully involved in decisions which affect their education.
- to promote effective partnership and involve outside agencies when appropriate.

In line with this policy, each member of the school staff is to understand that confidentiality is a very critical and important aspect that has to be followed. It is a legal responsibility to observe both the rights of students with disabilities and parents in regard to data privacy. Teachers, administrators and facilitators have access to personal information about children and their families, therefore confidentiality has to be maintained at all times. Information must be kept confidential and made available only to personnel in school or another specialist/agency who require it to ensure that the rights, health, safety, and physical well being of the children are safeguarded; in such situations, information may be disclosed with the agreement of the family/caregivers under signature, with the acknowledgement of the Head of School and of the Additional Education Needs Department (AEND) Coordinator (Co).

1. Differentiation in the classroom

As mentioned in our **Teachers' Handbook 2024**, differentiation is expected as a common standard at the whole school level, and the core aim of differentiation is ensuring that all learners in a group, no matter of their ability, interest or context, make progress in their learning intentions while participating in lessons. Differentiation as a teaching technique encourages differences amongst learners, and it is shown in lesson planning that adjusts either the content being discussed, the process used to learn or the product expected from students to ensure that learners at different starting points can receive the instruction each one needs.

By differentiating the curriculum, we actually provide accessible information to students based on their needs, may they be ahead or below their level. Royal School in Transylvania recognises that some students may exhibit signs that their learning, emotional, behavioural or physical needs are significantly different from the majority of students of the same age at a given time, and therefore may either require additional support to help overcome these potential barriers to learning or may require varying approaches when children are identified as gifted or talented in specific areas.

2. General classroom specificities:

- Use dark marker when writing on the board
- Use clear handwriting
- Write limited volume in order to introduce the lesson
- If power points are used, use either **Arial, Comic Sans or Georgia font**; use font size 24+ for titles and 20+ for body, and no more than two fonts per slide; each slide should have no more than 5 lines; each line should have no more than 5 words
- A picture is worth a thousand words
- Use body language to show people what to pay attention to
- Keep your presentation short, no longer than 10-15 min, according to the age group.

3. Teachers are expected to follow these steps when planning lessons which involve identified students:

- Seek out information on identified students before the lesson.
- Adapt the lesson objective as needed.
- Use the half-term plan to specify exactly the steps that are adapted.
- Write up lesson content on the board so that identified students can visually identify each task. Give written as well as verbal instructions.
- Use differentiated short timed tasks and have a visual aid to show the amount of time.
- Provide a list of keywords with definitions.
- Encourage self-monitoring based on individual lists.
- Use pictures and diagrams to support written text.
- Provide identified students with specific roles when working in groups.

- Include multi-sensory learning strategies as part of your lesson (post-it notes, highlighters, underlining).
- Differentiate with extension tasks.
- Provide a choice of homework where required.
- Use recalling at the end of the lesson.

Differentiation is expected during all lessons at the whole school level no matter the age of the child. Differentiation is to be shown in lesson planning (lesson plan, half-term plan) and provided during lessons.

4. The role of a facilitator (also known as a paraprofessional):

A facilitator/paraprofessional is a volunteer/individual/staff member who is primarily engaged in direct supportive instruction with one pupil for activities, physical or behaviour management, or other purposes under the direction of a lesson teacher and AEND member and, if existent, a related services provider. A facilitator/paraprofessional is hired by the family of the identified student and has a volunteering contract with the school.

The responsibilities of the facilitator/paraprofessional may vary based upon specific assignment. Therefore, each facilitator/paraprofessional has to work with each subject teacher to ensure their own understanding of upcoming learning. Duties may also change at any time based upon agreed change of program. The facilitator's/paraprofessional's responsibilities are the following but not limited to these (on a case-by-case situation):

- Assist the student with daily living skills and needs, such as eating, grooming, dressing, etc.
- Assist in transferring, positioning and mobility needs as directed by physical therapist, occupational therapist, or other special education or related service providers.
- Redirect behaviour and implement behaviour management plans
- Facilitate interaction between students with disabilities and classmate
- Teach and model strategies to peers about how to interact with the student with a disability
- Support the development of communication skills
- Assist in student crisis management and de-escalation
- Carry out the instructional programs and lessons as developed by the supervising teacher in all learning environments
- Assist student in performing activities initiated by the teacher
- Individually reinforce concepts and skills introduced by the teacher in all learning environments
- Keep student on task
- Implement assistive technology
- Implement accommodations indicated by the IEP (read tests aloud, take notes, enlarge materials, etc.) as directed by the AEND team
- Observe, record and collect data as directed
- Attend IEP meetings

- Provide supervision and assistance on playgrounds, in the lunchroom, at assemblies, in the swimming pool, on field trips or other locations as directed for special education student
- Demonstrate knowledge of the curriculum content for classes in which s/he assists
- Participate in skill and competency trainings and in-services
- Be discreet and respectful of confidential information
- Possess physical and emotional health necessary for effective job performance.

5. The role of a school counselor

According to COBIS (2025), school counselling is an easily accessible, non-stigmatising and effective form of early intervention for reducing psychological distress in children and young people. A professionally trained school counsellor gives a young person a safe space to help them to understand and cope with what they're going through. Counselling has a positive effect on young people's confidence, resilience, sense of self-worth, family relationships, friendships, school attendance and academic achievement.

The role of a school counsellor includes:

- Help students develop better study habits
- Counsel students (academic guidance, career information or personal counsel)
- Addressing social or behavioural problems
- Counselling individuals and small groups in sessions
- Refer students to external agencies
- Maintain appropriate and confidential records on the school server or school drive
- Provide regular updates to school management on the progress of students
- Must add Safeguarding concerns on iSams, and the RS Safeguarding team must contact the counsellor for further information
- Evaluate and improve the counselling program
- Help develop school policies as needed
- Assess and help students with specific needs

6. **Inclusive approach in Royal School in Transylvania** is part of the school's educational approach as each individual's needs are being considered and as all learners participate and develop/learn skills together. *An inclusive approach to education means that each individual's needs are taken into account and that all learners participate and achieve together. It acknowledges that all children can learn and that every child has unique characteristics, interests, abilities and learning needs* (UNESCO, 2024).

Inclusion in education is both addressing individual identified needs and developing social skills of typical students, skills that lead to a better society: creativity, resourcefulness, teamwork and collaboration, empathy, and emotional development.

Royal School in Transylvania will enroll all students where possible for R, K, Y1, Y2 and Y3 groups, and students in Y4-Y13 based on their CAT4 test results. Applying and within 9 weeks, based on observations, form tutors, key stage coordinators and AEND members will offer feedback to each family/caretaker(s) outlining the ability of the student to consider and follow requirements during school time. If the freshly enrolled student may indicate lower ability or lack of skills when school requirements are initiated, a AEND member, the form tutor and the key stage coordinator will initiate a meeting with the family/caretaker(s) in order to discuss the made observations encouraging them to share any previous concerns or information/documents they may have regarding the matter.

If the abilities and/or skills are low enough to require one-on-one support, the family/caretaker(s) will be informed about the need of a facilitator/paraprofessional in order to support the student during school time. The school reserves the right to end the tuition contract if the parents/caretaker(s) are unwilling or unable to provide the necessary documents and support that their child needs in order to be successful at Royal School in Transylvania.

If the student is already enrolled with the school, and such observed abilities may require extra attention during school time, a AEND member, the form tutor and the key stage coordinator may inform parents about the need for extra testing done on school grounds by a AEND member using the Special Needs Assessment Profile (SNAP) for Specific Learning Difficulties (SNAP-SpLD) or SNAP for Behaviour (SNAP-B), or a specialised evaluation done outside of school, by a specialist. The results will be shared with the family/caretaker(s) in a meeting on school grounds so results explanations can be offered.

7. **Accessibility during test taking and exam access arrangements**: In line with Cambridge Assessment International Education, Royal School in Transylvania provides access arrangements and/or modified papers that allow candidates to access the assessment and remove unnecessary barriers, without changing the demands of the assessment; such barriers could be special educational needs, disabilities or temporary injuries/illnesses, and can only be offered based on evidence of the candidate's barrier to assessment and evidence of the candidate's need for the requested arrangements.

According to Cambridge Assessment International Education, such pre-exam arrangements may include extra time, a computer/human reader, a prompter, supervised rest breaks, supplementary aids, a word processor or voice-activated software.

Modified questions papers may include Braille papers, enlarged prints, bolded prints or tactile diagrams.

Most common diagnosed AEN difficulties identified in a school

8. **Symptoms of Attention Deficit Hyperactivity Disorder (ADHD):** impulsiveness; disorganisation and problems prioritising; poor time management skills; problems focusing on a task; trouble multitasking; excessive activity or restlessness; difficulties with working memory; low frustration tolerance; frequent mood swings; problems following through and completing tasks; easily irritated; trouble coping with stress; constantly changing activity or task; making careless mistakes – for example, in schoolwork; being unable to stick to tasks that are tedious or time-consuming.

Teaching strategies that can be used for students identified with ADHD:

- Frame rules positively and reward when following.
- Set regular reminders no matter if rules, taks, social moments.
- Offer movement breaks as needed (include passing/collecting notebooks, sheets, other small errands). Offer a small card that identified students can use when needing a break so there is no need for verbal requests.
- Consider fiddle toys.
- Use eye-contact and hand signs when passing on information, and provide visual support (images, flashcards, PPT etc.).
- Help identified students reduce distractions.
- Minimise text on worksheet/test- fewer items, short quizzes, underline important words, break down long assignments.
- Use the student's name when addressing them.
- Vary the pace, vary the activities, adopt and adapt games etc.

9. **Symptoms of ASC (Autism Spectrum Condition):** poor eye contact, not responding to their name, delayed speech, using only a few gestures (waving, clapping, pointing), not sharing enjoyment or interests with others unusual ways of moving the hands, fingers, or whole body; being very focused on or attached to unusual objects; little to no imitating of others or pretending; rituals such as repeating things over and over or lining up objects; get easily frustrated and act out in certain situations; be sensitive to bright lights, loud noises, or busy hallways; need to go to the school nurse for medications; miss class time for doctor visits and therapies; have trouble speaking or not speak at all; seem insensitive or unemotional; need extra time for class assignments and homework; may need to take tests in a separate area away from distractions.

Teaching strategies that can be used for students identified with ASC (Autism Spectrum Condition):

- Unstructured times can be difficult for identified students- be aware of signs, offer a quiet space if needed, use a buddy system but do not allow dependency.
- Use visual displays of daily routines.
- Use social stories to cope with changes.
- Inform about the changes ahead of time.

- Offer frequent praise and rewards for small steps. Build on them and ensure they become less and less frequent.
- Pre-teach coping mechanisms (breathing, pushing wall, model reactions etc.).
- Ensure attention before asking directly, giving instruction,
- Speak rarely. Pause between words and phrases to allow processing.
- Do not insist on eye contact.
- Use non-verbal communication, visual and hand gestures to communicate tasks/instructions/questions/etc.
- Use a step-by-step approach.
- Allow extra time.
- Ignore disrupting behaviours; they may be used to balance excitement/stress or to get your attention.
- Be consistent and communicate techniques to other teachers (use the Individual educational information form shared by SEND).
- Process the learning environment keeping in mind possible sensory difficulties leading to stress, anxiety, possible pain.
- Reinforce good social skills.
- Use a peer system with those who model well social skills.
- Define behaviour expectations in advance.
- Encourage empathy and reciprocity.
- Be aware of difficulties recognising non-verbal cues.
- Role–play to teach emotions, but do not assume the identified students recognise emotions.

10. Symptoms of Asperger syndrome (a form of ASD, most commonly identified as a social-communication disorder)**:** trouble taking turns during conversations; difficulty interpreting social cues, body language, tone of voice and facial expressions; struggles to empathise with or understand the perspective of others; difficulty staying on task and understanding or following directions; inappropriate eye contact; disorganisation; behaviour problems, including aggression, outbursts or isolation; struggle to regulate emotions; obsessions or repetitive behaviours; rigid need for routine and structure; lack of motor coordination; sensory sensitivity to textures, lights, and sounds.

Teaching strategies that can be used for students identified with Asperger syndrome:

- Keep routines clear and consistent.
- Do not assume the child is not paying attention if not looking at you.
- Be explicit and direct.
- When teamwork is expected, assign teams as the child may be left out.
- Discuss with the form tutor and identify a safe space if overstimulated, if in need for a break.
- There may be a tendency for repetition coming from the student. Consider alternate ways- writing, reformulating, pointing etc.

- Use visual cues.
- Allow repetitive behaviours or movements that you may use to help cope with emotions (stims).
- Accept very logical explanations if rigidly exposed.
- Disregard unintentional loudness.
- Limit prompting, but allow time for a response.
- Do not forcefully confront the student; their perception of authority may be very different and their behaviour may quickly escalate.

11. **Symptoms of dyslexia:** difficulty with reading/ spelling, verbally bright but has difficulty writing down thoughts, unusual pen grip / poor handwriting, lower than average processing speed, lack of focus, problems remembering the sequence of things, putting letters and figures the wrong way around ('b' 'd'), difficulty remembering spoken directions, poor time management skills, problems with short term memory, poor organisational skills, difficulty hearing and distinguishing phonics, difficulty seeing (and occasionally hearing) similarities and differences in letters and words, inability to sound out the pronunciation of an unfamiliar word, and visual disturbances when reading (for example, a child may describe letters and words as seeming to move around or appear blurred).

Teaching strategies that can be used for students identified with dyslexia:

- Due to focus concentration, students with dyslexia may find it hard to focus on listening when copying or writing. Less able to listen while focused on writing.
- Prepare in advance structures of notes that they can easily fill in so they do not have to copy too much unless your presentation with them is shared in other ways.
- On worksheets, on lesson notes, on tests underline important words, simplify requirements if needed.
- Give the student extra time to respond in class.
- Speak slowly when giving verbal instructions.
- Ky vocabulary may need to be shared pre-lesson in some cases to ensure understanding of concentrations in class.
- Provide scaffolding resources to ensure better understanding.

12. **Symptoms of dysgraphia:** letter formation and/or legibility; letter size and spacing; spelling; fine motor coordination; rate or speed of writing; grammar; composition; difficulties writing in a straight line; difficulties with holding and controlling a writing tool; writing letters in reverse; having trouble recalling how letters are formed; having trouble knowing when to use lower or upper case letters; struggling to form written sentences with correct grammar and punctuation; omitting words from sentences; incorrectly ordering words in sentences; using verbs and pronouns incorrectly.

Teaching strategies that can be used for students identified with dysgraphia:

- Use assistive technology and tools.
- Provide extra time for written assignments and tests.
- Break down writing tasks into smaller components.
- Consider different types of paper, especially for the younger students- white with lines, coloured with lines, highlighted spaces, paper with raised lines.
- Offer various types of writing tools- regular pen/pencil, chunky pen/pencil, use a pencil grip or a rubber band wrapped around it, use larger paper.
- Use fine motor control exercises if needed.
- Use multi-sensory options for expression (younger ages).
- Create, print and provide graphic organisers to help collect and categorise information and ideas.
- Make use of online AI (artificial intelligence) tools available for writing content if allowed.

13. **Symptoms of Downs syndrome:** short attention span; poor judgement; impulsive behaviour; slow learning; delayed language and speech development; decreased or poor muscle tone; poor working memory.

Teaching strategies that can be used for students identified with Downs syndrome:

- Recognise her/his strengths.
- Use clear and simple language.
- Support language.
- Break tasks into smaller steps to increase independence.
- Support, encourage and praise positive peer interactions.
- Thrive on break/lesson routines.
- Incorporate multisensory experiences during all lessons and breaks.
- Maintain excitement and eagerness to learn.
- Use lots of visual materials during lessons. Weak auditory memory.
- Support learning and using the written word.
- Accept delays in articulation, comprehension and expression. Offer choices and prompts as needed. Less prompt, better.
- Be aware of short attention span and build lesson differentiation according to it.

14. **Symptoms of anxiety:** students may worry about everything from separating from parents at drop-off to speaking up in class to feeling like their work has to be perfect; inattention, restless, not able to focus, asking the same questions over and over again, acting out, aggressiveness; displaying challenging, disruptive or disturbing behaviour; students may freeze up when called upon; can be confused with upset stomachs (leading to frequent trips to the nurse), ADHD or even learning disorders; types of anxiety- generalised a., separation a., social a., selective mutism; irrational fear (specific phobias).

Teaching strategies that can be used for students identified with anxiety:

- Cultivate acceptance and compassion.
- Allow quick breaks.
- Be aware that poor behaviour can reflect a child's state of mind and can be caused by facts such as anxiety
- Mindfulness activities at the start of lessons can focus a child's mind.
- Try to make your classroom and lessons a calm environment with a predictable structure. This predictability can help your more anxious students to relax and focus on the task.
- Frequently praise positive behaviour and good work to improve their confidence.
- If they are acting out of character, try and find out why.
- Make every day a fresh start.

15. Symptoms of oppositional defiant disorder (ODD): symptoms displayed for long periods of time (6+ months); uncooperative, defiant, and hostile toward peers, parents, teachers, and other authority figures; angry/irritable mood, argumentative, or vindictiveness; aims to gain and maintain control by testing authority to the limit, usually they attempt to do this by breaking rules, and provoking and prolonging arguments; refusing to do work, disregarding rules, and engaging in other challenging behaviours; displays behaviour with the intent to annoy or upset others; blaming others for their behaviours or mistakes; never taking responsibility for their actions; easily annoyed by others; often appears to be angry; speaks harshly or unkindly; seeks revenge.

Teaching strategies that can be used for students identified with ODD:

- Be responsive to the child's need for control.
- Help the child learn that actions have consequences.
- Help the child accept the boundaries and expectations put in place by the authoritative figure.
- Build a strong relationship.
- Start fresh every day.
- Develop and teach routines.
- Stay calm in times of stress.
- Identify triggers ahead of time.
- Avoid power struggles!!!
- Keep all adults on the same page.
- Let the little things go.
- Be consistent.
- Give special responsibilities.
- Use their interests in lessons.
- Praise and reward.
- Apply consequences as needed, but separate behaviours.
- Offer breaks when needed.

During enrollment, parents are to disclose specific information if existent to allow the school teachers to be prepared for each child.
If a child is already involved in any therapeutic sessions with a psychologist or therapist, teachers are to connect with them and invite them on school grounds for further exchange of information. Such out-of-school specialists become part of the coordinating team once put in place. .

Steps to follow when a child needs additional support:

1. **first level**- email Form Tutor and Key Stage Coordinator requesting details or support; some issues may be solved at this level
2. **next level**- Form Tutor emails SEND team if further concerns exist; a member of SEND team fills in observation forms pertaining to the case;
3. **next level-** Coordinating Team consisting of Form Tutor, SEND Coordinator, School Counselor (as needed) and Form Tutor meet and discuss specific adjustments and other provisions; meeting notes to be emailed to Head of School and Deputy Head. An IEF is put in place. If specific requirements are to be provided by the parents, the Head of School and Deputy Head are to be informed first; based on their approval this meeting is to take place.
4. **If needed**, the family is informed of the various adjustments and possibly discusses other therapies followed outside of school; if asked for, the Coordinating Team meets the family; meeting notes to be emailed to Head of School and Deputy Head
5. **next level**- KS Coordinator or SEND Coordinator will make 3 observations at different times to assess student needs, to verify interventions are being carried out by the teachers and the effectiveness of the interventions in place.
6. **next level**- Coordinating Team meets the parents to discuss further steps if needed; at this point, an IEP is to be put in place and acknowledged by all involved. IEP meetings should take place at least 3 times/academic year.
7. **last level**- referral to a specialist after all documentation was gathered and previous steps have been taken into consideration, in agreement with the family. The Head of School and the Deputy Head are to be aware and up-to-date with all the steps to be put in place.