Admissions Policy (Joint)

Date	Review Date	Coordinators
September 2025	**September 2026**	**Lisa Leonard**

For the purpose of this joint policy, where 'the school' and 'our school' is written the contents apply to either school.

Policy Aims and Objectives

To provide guidance for staff, parents, governors and other stakeholders on admission criteria to The Chiltern School.

Provision

The Chiltern School are Central Bedfordshire Local Authority community special schools.

We provide provision for learners identified as having Special Educational Needs and Disabilities (SEND) from the ages of 3-19 at IVSC, and 3-19 at Chiltern School. We are committed to providing, for all individuals, a positive ethos and equality of education that will facilitate the development of self-confidence, strategies and skills for successful learning, and the ability to use them in all aspects of life.

Our curriculum is highly differentiated to provide for individual needs. This is supported by a multidisciplinary team which includes speech and language therapists, occupational therapists and physiotherapists. It is very important that we work in partnership with families in order to provide the best outcomes for our learners. We expect families to attend scheduled meetings across the year in order to support their child's learning and development.

Admission Criteria

Entry Criteria

Learners will have **complex needs**. Children and young people with complex needs include those with co-existing conditions or profound and multiple learning disabilities (PMLD). The needs are **significant and affect most areas of learning.** Pupils will be functioning at a cognitively low developmental level; this does not necessarily correlate with low academic scores. Learners will have **severe language and communication difficulties** and **severe learning disabilities.**

On considering an application we will make explicit reference to the SEND Code of Practice 2015. A young person is eligible to be offered a place at The Chiltern School if they meet the following criteria:

- They have an Education, Health and Care Plan or are undergoing a statutory assessment of their needs. Children can be admitted at any stage of their school career.
- The needs of the learner could be met within our school's resources without adversely affecting any other learner currently attending.
- There is a consensus among professionals that the learner would benefit from special school provision which is discussed at the Specialist Placement Panel. With the following typical levels of functioning and primary areas of need stated below.

Typical levels of functioning

The following section gives guidance on the level of cognitive functioning in the main areas of need which indicates that the child or young person is suitable for a place in The Chiltern School. The child or young person will experience a lifelong learning disability which requires a multidisciplinary service approach. The CYP will require a highly differentiated and often personalised curriculum to meet the profile of their need, this will need to relate to all three dimensions of need. Communication and Interaction: Physical disabilities and Sensory needs.

Indicators will Include:

1) The pupil's cognitive ability/ attainment is and will remain at approximately 30% - 33% or less below their chronological age.
2) The learner may present with stronger non-verbal abilities/ reasoning skills in comparison to their verbal communication skills (evidenced by standardised scores 69 or lower)
3) Overall cognitive profile between 69 - <50 (2nd percentile rank to < 0.1percentile range)
4) Language and communication age equivalent levels (0 – 36 months +)
5) The pupil's profile indicates that they are unlikely to exceed the cognitive abilities within the 5–6-year-old developmental/ milestone range.
6) Learners will have **complex needs,** which will include those with co-existing conditions; Profound and Multiple Learning Disabilities PMLD, Physical and Neurological Impairment PNI, Speech Language and Communication Needs, SLCN, Hearing Impairment HI, Visual Impairment VI, Autistic Spectrum Disorder, ASD)

Levels of severity of need will be assessed, so that an initial curriculum route can be established, this pathway will provide a fluid route of provision, and will be adapted and developed alongside the learners' needs.

Pupils who are identified as requiring the Evolve Curriculum Route may present with the following indicators.

Children and young people may experience, **Severe Intellectual Disability** and require daily assistance with self-care activities and safety supervisions:

1) The pupil's cognitive ability/ attainment is and will remain at approximately 30% or less below their chronological age.
2) Overall IQ range may fall within the SS: 20-40 (The Diagnostic and Statistical Manual of Mental health Disorders, DSM IV Criteria)
3) Cognitive abilities in the following areas may be variable: memory, attention, language, executive functioning, visual spatial and processing speeds.
4) The child or young person will have **significant intellectual** or **cognitive impairments** that will have a major effect on their ability to participate in the school curriculum without a high level of support. They may have associated difficulties in mobility, coordination, communication and perception and the acquisition of self-help skills.
5) The pupils will require support to enable them to develop core skills and enable them to become independent communicators.
6) The pupil's communication skills may vary between the ability ages of a 3–5-year-old, they will experience a very weak conceptual understanding of language and fall within the Band 3 communicator range (**18 months- 36 months**). This would mean that the learner will

use 1-3 key words in a phrase, use signs and symbols in sentences, they may require Intensive Interaction approaches and will require a gradual multisensory approach to developing word knowledge and understanding.

7) The child or young person may experience major delays in development, with a significant impairment with their ability to recall and retain information.

Pupils who are identified on entry to begin at The Explore Curriculum Route, typical indicators at this stage are as followed:

1) **Profound Intellectual Disability** (lowest scores within this profile could fall within an IQ range of <20- 25, however the learner's cognitive profile could present with a range of scores)
2) Cognitive abilities in the following areas may be variable: memory, attention, language, executive functioning, visual spatial and processing speeds.
3) The learners' low IQ levels, despite other cognitive variations, will generally mean that they experience significant limitations in intellectual functioning and adaptive behaviour.
4) The learner will require pervasive support for every aspect of daily routines: These children or young people may experience congenital syndromes. That requires close supervision and help with self-care activities. They have very limited ability to communicate and often have physical limitations.
5) The learner may experience profoundly compromised functioning across **all developmental areas,** which are likely to remain unchanged. This will include several co-occurring difficulties for example sensory, physical, communication and cognition (thinking and reasoning skills).
6) The learners may experience developmental difficulties which may be in association with biomedical conditions such as: Sensory impairment (vision/ hearing), motor impairment, complex medical needs. Social (pragmatic/ functional language) communication disorder dependent on technology (including augmentative and alternative communications, such as Makaton).
7) The learners' levels of communication will fall within Band 1 and 2 (Latham and Miles communication Framework), this equates to traditional P levels 1-4.
8) The learner's levels of language communication will developmentally fall within between **0-9 months** (band 1) and **9-18 months**, however the complexity of combined needs, may mean that the learner could be functioning at a higher communication level, with a ceiling on their conceptual understanding of language.
9) Pupils may experience limited expressive language communication, may be able to communicate basic needs, using signs and gestures and some key words.
10) The learner will need opportunities to explore, be curious, be present and engage in the world around them in a meaningful way. Learning opportunities are facilitated by adults and the learning is developed by focussing on the processes needed for skill development.

11) The Learner may also have a range of other associated needs including sensory impairments (for example visual or hearing loss. Additional neurological impairment, difficulties with speech, language, and communication, feeding/ eating and drinking, and complex health needs which require regular or continuous medical intervention.
12) The child or young person may experience a severe physical disability resulting in being a full- time wheelchair user, requiring access to a hoist and changing plinth, standing frame, and other highly specialised equipment may be needed to support them access the learning environment.
13) The child or young person may experience severe fine motor difficulties that impact upon independent recording and access to a range of practical resources.
14) The child or young person may experience multiple diagnoses, including Epilepsy and Cerebral Palsy which combine to produce **additional learning barriers** for the child (for example physical and neurological difficulties including memory and retention).

Additional Co-occurring Needs may include: **And/or**

A child or young person with **Autistic Spectrum Disorder (ASD)** as a **co-occurring additional need,** will experience some of the following indicators below: (In line with the diagnostic criteria according to the DSM-5 for Autistic Spectrum Disorder (ASD).

1) **Limited functional communication skills**, which lead to daily, persistently high level of stress and anxiety. This impacts on all areas of learning and social activity.

2) Difficulties in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behaviour to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

3) **Severe difficulties in verbal and non-verbal communication skills** that can cause **severe impairments in functioning.**

4) Difficulties in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.

5) Difficulties with inflexibility of behaviour, extreme with change, or other restricted/ repetitive behaviours which markedly interfere with functioning in all spheres.

6) Experience emotional regulation needs that **profoundly and consistently impacts on engagement in learning and or/well-being.**

7) Is unable to recognise personal, social, environmental and physical risks and their own vulnerabilities, and/ or is unaware of their health and personal care needs.

Co-occurring diagnoses, indicators: **And/or**

1) The Learner may have experienced a sudden loss of cognition, due to an acquired brain injury and/ or stroke.
2) Foetal alcohol syndrome
3) A rare Chromosome Disorder for example fragile X Syndrome (FXS), that has a significant impact on the child or young person's intellectual ability, or genetic disorders or congenital condition that exists in birth and is the cause of a lifelong disability.
4) An audiological diagnosis of permanent moderate to profound bilateral Sensorineural hearing loss.
5) Neurological vision loss, or congenital blindness.

Pupils **whose primary area of need** falls within the below categories **are not considered appropriate:**

Pupils' who experience difficulties whose main area of need falls within the **three broad categories: Social, Emotional and Mental Health,** who present with behaviours that include becoming withdrawn or isolated, challenging, disruptive, or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Children and young people may have other disabilities such as Attention Deficit Disorder (ADD), Attention Deficit Hyperactive Disorder (ADHD) or Attachment disorder where mainstream provision has not been able to meet their needs. Children and young people that fall into this category, will **not be deemed appropriate for either setting.**

Specific Learning Difficulties SpLD, a specific difficulty with one area of learning and language processing. These specific difficulties with learning are due to a neurodevelopmental disorder that affects a child's or young person's ability to receive, process and recall information. The individual's overall cognitive profile is deemed "spikey" with considerable cognitive strengths and weaknesses that impact on learning attention and concentration. The Specific Learning difficulties that are not deemed appropriate if a primary area of need, are as followed: Dyslexia/ Dyscalculia/ Developmental coordination Disorder (DCD) Specific Language Impairment (SLI), Attention Deficit Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD), Developmental Language Disorder (DLD).

Applications

All applications to the school must come via the Central Bedfordshire EHC Team.

We do not accept direct applications to the school as all places are allocated through the Central Bedfordshire Specialist Placement Panel. This ensures that every child has their individual case considered.

We do not have a waiting list; all cases need to be considered at the Specialist Placement Panel. This panel meets termly.

Oversubscription Criteria

As the school is oversubscribed, the headteacher/principal will operate a planning list and inform interested parents and/or the local authority as and when a suitable vacancy may arise. In this instance the headteacher/principal will give priority to children:

- who are, or have previously been, in care or looked after;
- who have a brother or sister at the school;
- who are not currently in education;
- who have degenerative or life limiting conditions; and
- whose needs can best be matched at that time by the expertise in the school.

Admissions Process

1. We are always delighted to show parents around and to explain more about our school. We always invite parents to see the school. In many cases parents visit the school during the initial assessment period in order to help them to make an informed decision about schooling for their child. Please note: these visits may be group visits due to the high demand for places. We ask you don't bring children around as it may give false expectations and we try to limit the impact on the children in class.
2. Parents should register their interest in Ivel Valley School/The Chiltern School with a EHC Officer at the CBC EHC Team. Formal consultation papers will be considered and decision making is made in consultation with the Specialist Placement Panel.
3. Other Local Authorities should also follow this process, all requests will come through the Specialist Placement Panel.

4. The school will review EHC Plan to assess need and establish whether the appropriate level of support can be provided
5. A visit to see the young person in their current educational or home context may be arranged to support decision making – A cognitive profile assessment, may be undertaken at this stage, to provide necessary information needed to ascertain if the child or young person falls within the ranges stated in the admission criteria.
6. If the school has a place and can meet the child's needs effectively and efficiently, then an offer subject to agreement for education and health provision, will be made.
7. A place is offered and a transition programme for the child or young person is developed;
8. The school will arrange transition meetings
9. A start date will then be set
10. A multi-disciplinary review meeting will take place no later than 12 weeks after the child or young person has started.
11. On starting we require a Home School Agreement to be signed by parents and the school, setting out each other's responsibilities.

Once a place at our school has been agreed, placement is reviewed, on an annual basis, through the EHCP process. This is particularly important as pupils reach each stage of phase transfer.

Where the needs of the pupil are no longer consistent with our admission criteria, or curriculum routes that we offer, the exit criteria will apply.

EXIT Criteria

1) During the annual review process the child or young person is deemed to be achieving more than 50% their chronological age and exceeding the language and communication framework bands.
2) Teacher assessments indicate that the child or young person's development and rates of progress fall within age related coverage bands.
3) Cognitive tests indicate SS scores fall between 84- 115 within the mid – average range (this range captures 68% of the population) and low average range 70- 79, and associated diagnoses are in line with development.
4) The curriculum routes offered, despite high levels of differentiation, no longer meet the needs of the learner because their rate of progress and development exceeds a typically functioning pupil at the school.
5) Over a period of time, it is identified that the primary category of need is deemed unsuitable and due to this the child or young person's needs cannot be met in the current special school setting.

6) Additional cognitive and academic assessments will be used to indicate the pupil's cognitive profile, to help establish if their potential to learn and achieve in the current setting will be hindered. The information gathered will be evidence based and the admission criteria will serve as a benchmark for all decision-making processes.
7) The pupil will be supported to reintegrate into a more appropriate setting to enhance their long-term outcomes, benefit from a suitable peer group, and reach their full potential.