

Strategies for supporting pupils with Special Educational Needs and Disabilities in Music Lessons

	Here's how we will help.
Attention Deficit Hyperactivity Disorder	 Meet the child's need for physical activity and plan music lessons with a range of moving and hands-on (kinaesthetic) learning activities. Help children to manage their arousal levels, but allow children 'time out' when they show they are in need of a break from the lesson. Allow children time to let out their impulsiveness when handling new instruments, these may be introduced prior to the lesson so that they become familiar. A 'stress ball' or other fiddle object agreed by the SENCO

	 may help children concentrate and stop them using musical instruments inappropriately during a lesson. Reward children for joining in and completing tasks, both individually and as part of a group.
Anxiety	 Sit the child where they feel most comfortable during the lesson. Let the child know who is there to support them. This
	may be a particular friend, group of friends or an adult.
	Be aware that anxious children may not have the confidence to perform in front of others.
	Learn to spot a child's triggers, and what the child looks like in a heightened state of anxiety.
Autism	Keep daily routines (e.g., seating plans) as normal as
Spectrum	possible and consult the child beforehand if there is going to be a change - give the child options to choose
Disorder	from in this case.
	 Allow time to process information, and don't put the child on the spot by asking questions publicly, unless you know they are comfortable with this.
	Be aware that a child with autism is likely to experience sensory processing difficulties where they may be either over-responsive or under-responsive to sensory stimuli e.g., singing or noises and sounds from instruments.
	Allow children to have planned and unplanned sensory breaks or use fiddle toys that won't disrupt other children when necessary.
	Pupils may struggle to work in a group and prefer to work on their own due to communication difficulties.
	Prepare the child for what is coming- picture cues and discussing what the lesson will be like is helpful.
	Replace passive teaching methods with experiential
Dyscalculia	learning for children- 'doing' will bring more interaction and success than just 'watching'.
	Allow children to demonstrate and teach what they can do to others.
	Pastel shades of paper and backgrounds will reduce
Dyslexia	'glare' when reading music or following musical notations.
_	 Use large font sizes and double line spacing where appropriate.
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	Avoid 'cluttered' backgrounds with lots of unnecessary
	images.
Dyspraxia	 Ensure children have a large enough space to work in. Allow children extra time to practise, with movement breaks where needed.
	Don't choose these children to go first – they may need to
	pick up on cues from other children in order to process
	how to do something correctly.
	Pair children with a sensitive partner who knows what
	they're doing.
	Clearly demonstrate how to handle equipment, and don't draw attention to the awkwardness of their movements.
	Prior to the lesson, ask the child where they'd prefer to sit.
Hearing	If they have hearing loss in only one ear, make sure they
Impairment	have their 'good ear' facing the teacher where applicable.
•	Discreetly check if the child is wearing their hearing aid.
	Clearly demonstrate or play sounds that are loud enough
	to hear. Repeat any questions asked by other students in
	the class before giving a response, as a hearing- impaired
	child may not have heard them.
	 Remove all barriers to lip-reading. Make sure the child can clearly see the teacher.
	Share the lesson using a laptop with headphones or
	other assistive technology.
	Provide lists of subject-specific vocabulary or song lyrics
	which children will need to know, as early as possible.
	Sit children close to the door so they may leave the room
Tailating lagues	discreetly to go to the toilet and not draw attention to
Toileting Issues	themselves. Use toilet passes or prior permission as applicable.
	Be aware that anxiety associated with public music
	performances may trigger pain or a need to go to the
	toilet.
	When a school trip or concert is coming up, talk to the
	child and parents about specific needs and how they can be met.
Cognition and	Work will be carefully planned and differentiated, and
Cognition and	broken down into small, manageable tasks.
Learning	Use picture cards and visual prompts to remind them
Challenges	what to do and keep children on track.
	Physically demonstrate what to do rather than just rely

	on verbal instructions.
	Avoid children becoming confused by giving too many
	instructions at once. Keep instructions simple and give
	specific, targeted praise so children know exactly what
	they are doing well.
Speech,	Be aware of the level of language that children are
•	using, and use a similar level when teaching to ensure
Language &	understanding.
Communication	Use signs, symbols and visual representations to help
Moodo	children's understanding and ability to follow a piece of
Needs	music with different notes or instruments.
	Respond positively to any attempts pupils make at
	communication – not just speech.
	Provide opportunities to communicate in a small group
	and be fully involved in the activity.
	Use non-verbal clues to back-up what is being said
	e.g., gestures.
	Be aware that tics can be triggered by increased stress,
Toursto	excitement or relaxation – all of which may be brought on
Tourette	by music.
Syndrome	Ignore tics and filter out any emotional reaction to them.
	Instead, listen and respond with support and
	understanding.
	Manage other children in the room to avoid sarcasm,
	bullying or negative attention being drawn to a pupil's
	tic.
	Avoid asking a child not to do something, otherwise it
	may quickly become their compulsion. Instead, re-
	demonstrate how to do something correctly.
	Be sensitive to how noises & music affects a pupil's
	sensory processing capabilities. Find out what does and
	does not lead to a positive response and work with these
	in mind.
	Understand behaviour in the context of the individual's
Experienced	past experiences.
Experienced	Always use a non-confrontational, trauma informed
Trauma	approach that shows understanding and reassurance,
	using playfulness, acceptance, curiosity and empathy.
	Actively ignore negative behaviour. Praise good
	behaviour and reward learning.

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	Incorporate opportunities for humour and laughter in
	music lessons (laughter reduces the traumatic response in
	the brain).
	Adults to support and coach traumatised children in
	ways to calm themselves and manage their own
	emotions.
	Allow children the use of a pre-agreed breakout space
	when something in the classroom triggers an emotional
	outburst.
	Sit children where they have the best view of the teacher
	and the board/resources.
Visual	To help children who are sensitive to light and glare, use
Impairment	window blinds and screen-brightness controls to regulate
	the light in the room.
	Add more light to an area if necessary.
	Children may benefit from high-contrast objects and
	pictures.
	Ensure children wear their prescribed glasses.