

## **Inclusive School Observation Form**

Teacher: T

TA: **TA** 

Date: 09.02.10

Class Year 5: 9xx (27 children)

Subject Area: **PSHE** 

Start Time: 1.00

Finish Time: 2.00

SEN: Statement: 1 child (LRB - AA) School Action PLUS : 1 child (LGDD1 - BB) School Action: 8 children

Teaching	Comments
Lesson Introduction	
	Following a vigorous whole-school wake'n'shake session there was a very orderly start to the afternoon as the children filed in quietly and sat down quickly- attending to the register and T. There was a very calm, warm atmosphere as the children assumed positions for circle time with a clear lack of fuss.
Clear expectations for pupils' behaviour.	The pupils' hand-written class rules that sat along side the clearly displayed school rules, and a prominently displayed poster showed the qualities of being 'good listeners'. Further 'circle time rules' were drawn from the children that revealed a clear familiarity with expectations of respect and confidentiality within the group. The children were attentive from the beginning and joined in well. They were well behaved and quickly responded to instructions. (some immature behaviour was quickly countered by T, but was seen to be a noticeable exception to the overwhelmingly good behaviour established in the lesson)

Can I say the difference between use and misuse? Can I say the difference between use	The objectives of the lesson were written down on the white board 'Can I name a drug?', 'Can I say why people take drugs?', etc – and children were clearly referred to it $ \frac{can I name a drug?}{Can I name a drug?} $ $ \frac{can I name a drug?}{Iegal medicine} illegal $
Teacher makes reference to existing knowledge and	An earlier lesson was referred to, and further discussions/scenarios
builds on what is known.	involving use and misuse of drugs was planned for future lessons.
Pupils encouraged to take risks with their learning. Constructive help given. Positive language and feedback used.	Positive and encouraging language was used throughout by both T and TA and every contribution received from a child was usually met by a positive comment, which encouraged further participation.
Work is differentiated so that all ability groups can access the learning objectives e.g. oral contributions are encouraged, provision of alternative forms of recording, acknowledgement of different learning styles.	Visually enhanced drug-topic word cards were provided to all children. All contributions sought from the children were oral so alternative forms of recording were not necessary. However some of the vocabulary used was fairly demanding and perhaps needed further explanation for those with poor receptive language skills. (TA frequently checked that the child from the LRB was keeping pace – but see further comments below)
Pace of lesson allows for all learners.	It was clear that every child was engaged by the lesson, with hardly any off-task behaviour (One child with immature behaviour was asked to leave the room and come back in ready state to act acceptably – this was effective and happened with minimum disruption) The introduction was kept quite short, and children quickly moved on to various group tasks that kept the pace lively and stimulating.
Key vocabulary/desk top aids are available to pupils.	Illustrated vocabulary cards were available to all. Children noticeably supported each other with reading longer scenarios and with ideas.
Care is taken to ensure that pupil's cognitive ability is taken into account in any setting/streaming system.	Children were quickly put into mixed ability groups. Supporting each other came naturally (the sense of empathy and understanding for people who were less fortunate or able was apparent from the circle time answers to the question <i>What would</i> <i>you do if you had</i> $\pounds 1000?$ ). TA stayed with AA throughout. T was aware of the differing needs and circulated the class giving additional support and encouragement where it was needed.

Flexible grouping allows pupils to participate and	As above.
demonstrate their strengths e.g. peer tutoring,	
collaborative learning.	
Well-organised deployment of support staff if available.	TA sat with the least-contributing child (AA) to encourage
	participation – and AA plainly had a sense of a security as a result.
Some independence demonstrated by pupils.	Independent work was an expectation for all children.
- • • • •	However, TA was sat beside the LRB child for nearly the whole
	session and there may have been some opportunities to withdraw
	for periods, to allow greater independence, or support from peers.
Evidence of the use of ICT to support pupil learning.	Non-white backgrounds on the IWB reduced the barriers for
	children with dyslexic difficulties
Pupils' attitude to learning.	Good attitudes evident throughout. There was a quiet industrious
	atmosphere. Children of all abilities felt able to make contributions
	at different stages.
	T started and finished the lesson with reference to the objectives,



Plenary-review of what has been taught, key point and ideas identified, links made to other work, homework set.

T started and finished the lesson with reference to the objectives, and children of all abilities were able to give a 'thumbs-up' in response to having moved on in their knowledge of the use and misuse of legal and illegal drugs



Other considerations in addition to those above:

- Some complex ideas and vocabulary was used, which did leave some children unclear: less confusion over key terms such as legal/illegal and use/misuse may have been aided by having simple symbols accompanying the word on the whiteboard such as a tick or cross for *legal* and *illegal*, or perhaps a no-entry road sign for *misuse*. An additional idea could be to provide some pre-learning and familiarisation with those terms before the lesson for those children with additional learning needs, to make the sorting tasks more focused on the objective rather than misunderstood terminology
- TA provided appropriate support as necessary, quietly emphasising instructions, which clarified the tasks she was asking AA to perform. In supporting AA though, TA was sometimes talking (although very quietly!) at the same time as the teacher. At these times it might have been better to direct the child's attention to the teacher *and then* follow-up any misunderstandings. This would reinforce she *needs* to pay attention to the teacher in the room, and hopefully become less reliant on another adult to do her thinking and listening for her!
- A prominently displayed poster showed the qualities of being 'good listeners' in a ready state for effective teaching and learning. It would be even more powerful, particularly for the children with attention difficulties, if this were a poster sized photo of the children themselves (However, having said this, there was very little evidence in the PSHE lesson observed of 'poor listening' that would need reference to the poster!)
- The lesson was overwhelmingly positive and a pleasure to observe (as well as to take part in!). It was clearly inclusive for children with specific learning difficulties including dyslexic, attention or communication needs, particularly as it dealt with a potentially sensitive issue.

Stuart Norman (SENCO) ------Keri Murphy (Speech Therapist) ------Date: 09.02.10