

PEOPLE (CHILDREN'S SERVICES)

DEVON HOSPITALS SHORT STAY SCHOOL

ASSESSMENT AND MARKING POLICY

1. The Purpose / Aims of Pupil Assessment

- a. To inform individual pupil planning by measuring progress against individual targets.
- b. To provide constructive feedback on the individual pupil's own performance.
- c. To positively acknowledge achievement in accordance with the aims and ethos of the school.

2. Accuracy of Assessment

In the hospital setting, many factors will affect a pupil's ability to sustain educational achievement and progress. These factors must be taken into consideration before planning and assessing the children's work. This will include the pupil's

*medical condition, which may involve restricted mobility or sensory impairment

*concentration span and motivation, which may be affected by illness, pain, medication or mood

*emotional and behavioural state, which may affect the pupil's ability to form relationships with the teacher or peers and their ability to learn.

3. How We Assess

When meeting a pupil for the first time, through conversations with the pupil, parents and hospital staff, we assess circumstances which may affect learning. Contact with the home school provides important information for pupils that are with us for longer periods of time. When schools are unable to provide information then we use our own baseline assessments and any immediate formative assessments made.

4. How We Measure Progress

Due to the highly individual needs of our pupils, progress is measured for each child against their starting points. Formative and summative assessment, along with targets achieved, allow us to measure progress. Formative assessment is continuous and allows targets to be closely matched to the individual's needs as these may change daily or even hourly.

Formative Assessment

Continuous teacher assessment will be used throughout the school formally and informally to provide information to support progression in learning through individualised planning. It provides information for target setting and allows children to be involved with the process of self-assessment. It takes place

*through informal discussion e.g. what was easy, what was difficult?

*through shared activity, e.g. reading and puzzles

*by specific 'next steps' being recorded daily on planning to suggest subsequent relevant lesson objectives and targets

*when pupils share feedback with the teacher as to what went well and what is to be worked upon next time. This may be through verbal and written means, e.g. 'You have managed to...' 'Next you should...'

Summative Assessment

(A pupil's ability to perform may be hampered by setting and medical needs so may not reflect the pupil's true ability).

When a pupil attends or will be attending the hospital for more than 3 days or is a repeat admission, information regarding attainment will be sought from the home school. This will provide a baseline for planning and may or may not be accompanied by work suggested by the home school. Any summative assessments made by the hospital school will be shared with the home school/parents on departure.

Summative assessments may include sitting GCSE exams, SATS papers, baseline assessments along with levelled and exam questions.

A summative report is produced for pupils who attend school for a week or more; this is shared with parents/carers and their home school.

Marking is moderated frequently within the school to ensure continuity through scrutiny of work. Recommendations made by the SIP have been taken on board and as such written work is annotated and shared with the pupil as part of the feedback process.

When using either type of assessment we aim to relate this to 'Age Related Expectations' (Below/Expected/Above) but recognise that some pupils may operate below their normal ARE due to illness and trauma.

Assessment information based upon objectives achieved is collated half termly for pupils who fall into the following groups:

Oncology
Stays of 3 days or more
Repeat/frequent admissions
Cystic Fibrosis
SEND
EYFS

Some pupils will fall into more than one group.

This data is scrutinised half termly by the Head teacher and subject leaders. While the data does provide additional assessment information, it needs to be recognised that cohorts change each half term, which makes comparison difficult. Notwithstanding, subject leaders can make use of the data in tracking progress for pupils who appear to underachieve.

5. Setting relevant lesson objectives

Formative assessment provides the basis for setting relevant lesson objectives. However, when a child is unfamiliar to us or there has been a period of time between admissions, it is important that as much information is gathered prior to planning and teaching. This is most relevant for pupils who need additional or specialised support such as those with complex multiple learning difficulties or specific behaviours. For these pupils, an up to date 'One page profile' will provide a starting point from which to work. Any immediate information can be gathered from the home school closer to admission. It is preferable where ever possible, that the school sets guidelines for pupil targets as they will have a greater understanding of the pupil's current needs. It is preferable to keep work of the hospital school in line with that in the home school to allow continuity.

Marking Key Points

*All work shall be marked on a daily basis. This may be done with a pupil during a session or afterwards.

*Marking will combine positive comment and suggestions for improvement and will be linked to objectives taught.

- E.g. Well done - you plotted the coordinates correctly.
Next you need to plot the coordinates of rotated shapes.

* Marking should be shared with the pupil and comments should reflect this

- E.g. You recognised the theme of work in the text.
You need to include more references from the text in written responses.

*Opportunities for the pupil to respond to marking should be given as appropriate although this may be verbally during the session itself.