



FIRST BRIDGE SCHOOL

Assessment policy

Introduction

This policy aims to provide clarity for parents regarding the assessments carried out at First Bridge School.

Assessment is essential to ensure pupils receive teaching and intervention accurately matched to need. It helps staff establish starting points, identify strengths and areas for development, and monitor progress over time. Assessment supports early identification of additional needs, informs planning and provision, and ensures teaching, therapy and safeguarding decisions are evidence-based. It also provides a clear, consistent way to communicate progress to parents/carers and external professionals, supporting accountability and alignment with statutory requirements and best-practice guidance.

Assessments

Suitability assessment

Prior to admission to First Bridge School, it is mandatory that each potential pupil is assessed for suitability for our provision. This ensures each child admitted can have their needs met, and that our provision is proportionate and required. Further detail is available in our Admissions Policy.

Below is an overview of the four tools used during the Suitability Assessment and the skills and behaviours assessed.

Measurement of Adaptive Functioning (MAF)

The Measurement of Adaptive Function (MAF) is used within EIBI (Early Intensive Behaviour Intervention) programmes and research led by Dr Sigmund Eldevik (First Bridge, Director of Research). It measures skills across 40 core areas of skill and development and is suitable for pupils functioning between 0 and 48 months of age.

A total of 236 tasks can be tested, divided into three modules:

- Module 1 – Basic Skills (105 skills)
- Module 2 – Intermediate Skills (82 skills)
- Module 3 – Advanced Skills (49 skills)

Aberrant Behavior Checklist (ABC)

The ABC-Checklist is a 58-item parent/carer questionnaire that assesses the presence and severity of challenging behaviours commonly observed in individuals diagnosed with intellectual/developmental disability. Items are scored 0 (never a problem), 1 (slight problem), 2 (moderately serious problem) or 3 (severe problem) and load onto five empirically derived subscales: Irritability, Agitation & Crying (15 items); Lethargy/Social Withdrawal (16 items); Stereotypic Behaviour (7 items); Hyperactivity/Noncompliance (16 items); and Inappropriate Speech (4 items). It is used to track social validity by comparing the impact of challenging behaviour at entry into services and one year later.

Socially Mediated and Automatic Reinforcers Questionnaire (SMARQ)

The SMARQ covers both socially mediated reinforcers (mediated via another person) and automatic reinforcers (internally mediated). Socially mediated reinforcers track a pupil's interest in 26 common stimuli (e.g., snacks, toys, social interactions). Automatic reinforcers list 38 behaviours commonly seen in autistic children (e.g., "Shaking one's head side to side" and "Spinning or twirling objects or pieces of string").

Verbal Behavior Milestones Assessment and Placement Program – Self Help Supplement

The Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) is a criterion-referenced assessment tool, curriculum guide and skill-tracking system for children with autism and other individuals with language delays. The VB-MAPP self-care checklist assesses independence in dressing, bathing and grooming, feeding and toileting, supporting parents and professionals to track progress. Milestones are organised by age ranges (e.g., 18 months, 30 months, 48 months).

Intake/Baseline assessments

Within the first four weeks of school, all pupils complete the assessments below to identify strengths and areas for development.

The Assessment of Basic Language and Learning Skills- Revised (ABLLS-r)

The Assessment of Basic Language and Learning Skills-Revised (ABLLS-R) is an assessment, curriculum guide and skills-tracking system for children with language delays. It includes a task analysis of skills needed to communicate successfully and learn from everyday experiences.

The ABLLS-R Protocol provides criterion-referenced information on a child's current skills to support selection of educational objectives. It also includes grids to observe and document progress in acquiring critical skills.

The ABLLS-R Guide provides instructions for scoring and completing the skills-tracking grid for an individual pupil and also offers strategies for using assessment information to develop an effective Individualised Education Program (IEP).

Vineland Adaptive Behavior Scale-Third Edition (VABS-3)

The Vineland Adaptive Behavior Scale is a psychometric instrument used in child and adolescent psychiatry and clinical psychology, particularly to assess individuals with an intellectual disability, pervasive developmental disorder and other developmental delays.

It assesses adaptive functioning through a standardised interview with the person or their caregiver, covering activities of daily living (e.g., walking, talking, dressing, attending school, preparing a meal).

The original Vineland interview assessed three domains—communication, socialisation and daily living—aligning with the three adaptive functioning domains recognised by the American Association on Intellectual and Developmental Disabilities: conceptual skills (language and literacy, mathematics, time and number concepts, self-direction), social skills and practical skills of daily living.

Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP)

The Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) is a criterion-referenced assessment tool, curriculum guide and skill-tracking system for children with autism and other individuals with language delays.

Based on B.F. Skinner's (1957) analysis of verbal behaviour, developmental milestones and behaviour analysis research, VB-MAPP assesses language, social and early academic skills up to a normative age of 5 years. It also identifies barriers to learning to support meaningful intervention design. VB-MAPP has five components which, together, provide: a baseline level of performance; direction for intervention; a system for tracking skill acquisition; a tool for outcome measures and language research projects; and a framework for curriculum planning. Skills are measurable and developmentally balanced across verbal operants and related skills, helping avoid rote responding due to gaps in related verbal repertoires.

Each VB-MAPP level correlates with a developmental age range. Results are shown on a grid, comparing baseline with each reassessment period and colour-coded to indicate the assessment time point. A composite score can also be calculated and reported. This visual format highlights strengths and areas for development.

Childhood Autism Rating Scale- second edition (CARS-2)

The CARS consists of 14 domains assessing behaviours associated with autism, plus a 15th domain rating overall impression. Each domain is scored from one to four; higher scores indicate a higher level of impairment.

Early Years Foundations Stage (EYFS): Development Matters

Development Matters is widely used non-statutory guidance describing typical development from birth to five. It supports observation, reflection and planning, helping staff recognise emerging skills and identify next steps, with an emphasis on high-quality interactions, early communication and a developmentally informed curriculum. At First Bridge School, we use Development Matters to keep early years provision responsive, inclusive and aligned to each child's learning pathway.

Phonics (Read Write Inc.)

Read Write Inc Phonics is a proven synthetic phonics programme supporting early reading, writing and spelling. Pupils at First Bridge School are assessed and baselined on this tool termly by teachers and the Phonics Lead (where applicable). The structured, systematic approach builds confidence in sounds, blending and segmenting; regular assessment supports targeted teaching, rapid intervention and measurable progress.

Dynamic assessment and responsive teaching

Teachers continually assess pupils' understanding during lessons to adapt teaching and keep learning responsive. This is embedded in daily practice and includes targeted questioning, observation, discussion, retrieval activities and review of pupils' work, helping identify misconceptions or gaps in real time.

Staff use this information immediately to adapt teaching within the lesson, for example by adjusting pace, providing additional modelling, revisiting key concepts or adding scaffolding. Where pupils demonstrate secure understanding, learning is extended through greater challenge, deeper questioning or application tasks.

Insights from these dynamic assessments inform subsequent planning. Teaching sequences are adapted day by day to consolidate prior learning, address misconceptions and secure progress over time.

Assessment is integral to the teaching and learning cycle, supporting informed decisions about next steps.

Teachers use assessment that is inclusive, meaningful, and tailored to each pupil's needs. Progress varies for every pupil, so formative assessment helps teachers gauge learning in real time and adjust instruction as needed.

Assessment is an ongoing part of everyday teaching, mainly taking a formative and responsive approach. Teachers assess understanding through questioning, observation, discussion, and independent tasks, then adjust instruction as needed.

Marking uses a consistent code:

- NH (No Help)
- SH (Spoken Help)
- GH (Gestural Help)
- PH (Physical Help)
- ER (Experience Recorded)

Use of consistent codes enable to evidence support levels, enabling staff to track pupil independence and progress. These codes systematically inform progress tracking and curriculum planning. Increasing independence and less support indicate growth, with assessment data guiding precise IEP targets and instructional decisions.

Assessment aligns with pupils' EHCP outcomes, making learning purposeful and focused on long-term growth. Formative assessment and structured marking codes offer clear evidence of progress toward EHCP targets in areas like communication, independence, and functional skills.

Intake/Baseline assessment feedback

Following the intake/baseline assessment month, parents are invited to an Assessment Feedback Meeting within the first 6 weeks of admission. This is attended and presented by the pupil's overseeing Clinical Supervisor and, in some instances, the Clinical Lead. The meeting presents findings on current skill levels, academic performance and adaptive behaviours. An Individual Education Plan is developed and presented, outlining recommended short-term targets and therapy programmes. These are discussed and agreed with parents, including any required consents (e.g., toileting, behaviour reduction plans).

Clinical re-assessment activities and timelines

Six-month reassessment schedule

Following the initial baseline/intake assessment, all pupils are reassessed every six months. Six-monthly reassessment activities are as follows:

- Assessment of Basic Language and Learning Skills-r (ABLLS-r),
- VB-MAPP Milestones and Barriers (plotting across from ABLLS-r)
- Measurement of Adaptive Functioning (MAF)
- Childhood Autism Rating Scale (CARS-2)

12-month reassessment schedule

12-month reassessment activities are as follows:

- ABLLS-r
- VB-MAPP Milestones and Barriers (plotting across from ABLLS-r)
- Vineland Adaptive Behaviour Scale (VABS-3)
- Abberant Behavior Checklist (ABC)
- MAF
- CARS-2
- Socially mediated Assessment Reinforcer Questionnaire (SMARQ)

Ongoing assessments and programmes

Formative assessment is part of day-to-day practice. Regular, planned and focused assessments of learning and individual needs are completed by the Clinical Supervisor during weekly supervision hours.

Day-to-day assessment is primarily completed by the pupil's therapist. Detailed programme data are recorded on each pupil's tablet using the electronic software app, HI Rasmus, to track progress for each programme.

For all pupils, most day-to-day assessment focuses on the short-term goals in each pupil's Individualised Education Plan (IEP).

IEPs are informed by clinical assessments conducted every six months and the long-term outcomes in Section E of each pupil's Education, Health and Care Plan (EHCP). For pupils without an EHCP, the IEP is based on needs identified through clinical assessments. IEPs are reviewed and updated as needed and are formally revised at least every six months. Progress is measured against IEP targets and the National Curriculum, in accordance with DfE regulations.

Evidence gathering

At First Bridge School, pupils' learning is evidenced through their HiRasmus profile, which tracks every therapy and education target. Each programme includes a clear description of the target skill/behaviour, ongoing data collection and visual data summaries. Mastery criteria are built in, enabling staff to identify progress and plan developmentally appropriate next steps. Mastered skills are updated and displayed weekly in classrooms using weekly cumulative graphs. These track overall weekly progress by number of acquired skills and summarise the pupil's rate of learning, supporting the Clinical Supervisor and therapists to ensure pupils meet their expected rate of learning.

Parent communication and engagement

Re-assessment, feedback and reports

Re-assessment results and progress are shared with parents at their monthly meeting with the Clinical Supervisor. During a pupil's first year at First Bridge, parents receive a comprehensive written six-month assessment

report. After the first year, assessment reports are provided once yearly, in line with the 12-month assessment timeline.

Every 12 months (from admission start date), parents receive a comprehensive written assessment report outlining progress, current levels and recommendations for next steps.

A table is provided below for clarity:

Assessment Stage	Assessments Conducted	Report Produced?	How feedback is given to parents
Intake / Baseline Assessment (First 4 weeks of admission)	<ul style="list-style-type: none"> • ABLLS-R • VB-MAPP Milestones & Barriers • Vineland Adaptive Behaviour Scale (VABS-3) • CARS-2 • Measurement of Adaptive Functioning (MAF) • Read Write Inc Phonics Tracker (where applicable) • EYFS Development Matters (where applicable) 	Yes – Intake Assessment Report	<ul style="list-style-type: none"> • One dedicated <i>Assessment Feedback Meeting</i> within first 6 weeks
6-Month Reassessment	<ul style="list-style-type: none"> • ABLLS-R • VB-MAPP Milestones & Barriers • Measurement of Adaptive Functioning (MAF) • CARS-2 	Yes – Six-Month Reassessment Report (Year 1 only)	<ul style="list-style-type: none"> • Written six-month report during a pupil’s first year • Monthly meeting with Clinical Supervisor • Summary discussed with parents after assessment completion



<p>12-Month Reassessment</p>	<ul style="list-style-type: none"> • ABLLS-R • VB-MAPP Milestones & Barriers • Vineland Adaptive Behaviour Scale (VABS-3) • Aberrant Behaviour Checklist (ABC) • Measurement of Adaptive Functioning (MAF) • CARS-2 • SMARQ 	<p>Yes – Annual Assessment Report (every 12 months after admission)</p>	<ul style="list-style-type: none"> • Results shared at monthly meeting • Full written annual report provided • Discussion of progress, current levels, and next steps
<p>Ongoing Assessment (Weekly / Daily)</p>	<ul style="list-style-type: none"> • HiRasmus programme data • IEP target tracking • Group curriculum assessments • Read Write Inc (termly) • EYFS Development Matters (ongoing, if necessary) 	<p>No standalone report (contributes to 6- & 12-month reports)</p>	<ul style="list-style-type: none"> • Daily handovers (if applicable) • Weekly Family updates (photos, videos, learning evidence) • Monthly parent coaching sessions • Monthly meeting with Clinical Supervisor

Family App

Photos, videos and updates on pupils' welfare, engagement and learning are shared with parents via the Family app at a minimum weekly. This creates a visual learning journey of progress and development throughout the pupil's time at First Bridge School.

Therapists use photo and video updates to evidence progress and build their understanding of the individual pupil. This captures abilities, needs, interests and learning styles and helps parents gain insight into their child's learning.

We encourage parents to share their unique knowledge of their child (e.g., characteristics, achievements, interests, experiences, likes and dislikes).



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Parents can comment and provide feedback on daily/weekly Family posts and share weekend updates with the team. Brief informal daily handovers take place at drop-off and pick-up (where applicable), alongside monthly parent/carer meetings with Clinical Supervisors for more in-depth discussion about progress and next steps.

Parent Coaching

To help generalise skills learned in school, we offer monthly parent coaching led by the pupil's Clinical Supervisor. Coaching supports parents to continue learning at home and in the community and can focus on a parent-chosen topic (e.g., sleep, attending the dentist) or an element of the pupil's school therapy and education programme.