**Sample response**

*This is a partially fictitious scenario constructed from various experiences.*

George was a young man in his mid-teens who has severe and complex learning difficulties. From his files, talking to health professionals and his family, his class team knew he was diagnosed with global developmental delay. He had some physical difficulties including spine curvature, which made his movements awkward, and his aggressive behaviour frequently challenged others.

One of George's Individual Education Plan (IEP) targets was to practice his fine motor skills by unbuttoning his shirt when changing (e.g. for swimming). However, the intervention was causing distress to George and his class team, and bringing no benefit in skills.

George's class team discussed the situation with the school's occupational therapist (OT), who worked with George regularly. With her knowledge of movement development, the OT was able to explain that George would not be able to meet this IEP target in any meaningful way because the core muscles in his body were not stable enough to allow him to manipulate buttons with precision, and he was unable to bring his hands across the midline of his body. Instead of fine motor skills practice, she gave the team some activities they could do with George to build up his muscles of core stability (e.g. bouncing on a medicine ball). They made this into a game which was fun for both George and the staff team. The occupational therapist also worked on a parallel intervention with the speech and language therapist (SLT) to develop his fine motor skills using picture exchange for desired objects as an incentive to reach across his midline with one or other of his hands.

Before the intervention started, the team decided to collect evidence for the success of the intervention using an action research model. Based on the original fine motor skills practice before the new intervention started (the baseline), over two or three sessions they measured the time George was involved in the activity before opting out, and, using a tick chart, monitored challenging behaviour incidents associated with the intervention. They then began to implement the medicine ball exercises. George's engagement time with the activity increased immediately, and his incidents of challenging behaviour around the intervention reduced. Both he and the class team had fun with the IEP!

The class team then 'tweaked' the intervention, monitoring the time George was engaged and his challenging behaviour incidents on several occasions after each change, so that they could see whether the changes led to any improvement. Separately (so they could see what made the difference) they trialled: the length of time of the intervention, the time of day, and the types of interaction using the medicine ball until they found the best intervention for George. They made notes of the changes made on the monitoring sheets. The combined OT/SLT and class interventions led to an increase in George's fine motor ability (although he was still unable at that time to undo buttons), an increase in the time he engaged with his IEP target, and a reduction in challenging behaviour incidents around the IEP.

At George's annual review, by keeping an accurate record of what they had done, when and why, his class team were able to justify their actions in terms of George's statement objective 'To improve his

fine motor skills', and to demonstrate to his family and local authority what they had done, why and the progress that George had made as a result. The OT/SLT reports showed that their work was complementary to the class intervention. They were able to show George's family short video clips to show improvements between the beginning and current point of the intervention, and swap ideas with them.