

**Assessment of Student Support 2025-26**

| Name: | Date of Birth: |
| --- | --- |
| Address: | |
| Tel No: | |
| Date: | |
| School (If not at school please give previous school): | |
| Proposed Courses: | |

1. What is the reason that you may need support? (e.g. specific learning difficulties (dyslexia), physical disability, autistic spectrum, sensory impairment, mental health etc.)

2. What support did you get at your school/college? (e.g. a classroom assistant, extra lessons, specialist equipment, withdrawal from lessons etc.)

3. How many hours of support did you have each week?

4. What type of support do you think that you might need at college?

5. Did you have any special arrangements when taking exams?

Please tick:

| Extra time |  | Reader |  | Scribe |  |
| --- | --- | --- | --- | --- | --- |
| Word Processor |  | Rest Breaks |  | Prompter |  |
| Smaller Room |  | Other: Please give details | | | |

6. Do you have a report documenting your needs?

Please tick if you have any of the following reports:

| Local Authority Educational Health Care Plan (EHCP) |  |
| --- | --- |
| Local Authority Preparation for Adulthood (PFA) |  |
| School Education Plan e.g. IEP |  |
| Report by Educational Psychologist |  |
| Dyslexia Assessment |  |
| Assessment for exam arrangements |  |
| Other (please specify) |  |

**Please send a copy of any report you have (or can get hold of) with this form.**

7. Please give details if mobility or physical access is an issue for you.

8. Please let us know any other information that may be relevant but has not been given above.\*

\* Please feel free to continue on a separate sheet if necessary.

I agree that this information can be disclosed so that the college can provide appropriate support and /or reasonable adjustments.

Signed ……………………………………………………………….

**Please send any other information about support that you feel we may need to know.**