**Learning Support pre-interview telephone call/Health Declaration 2020/21**

|  |  |  |
| --- | --- | --- |
| **Learner name** |  | **Learner number** |
| **Date of birth** |  | |
| **Contact** | *email:* | *tel:* |
| **Course/s** | **Course name** | **Course number** |
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|  |  |
| *Please tick:*  You have an education, Health & Care Plan  You have a physical disability  You have a Visual impairment  You have a Hearing Impairment  You have a Learning difficulty/disability  *(Please state the type e.g. dyslexia, dyspraxia)* | | | |
| **How do your difficulties impact on your learning?** | | | |
| **Do you use a wheelchair?** | **yes** | **no** |
| **Do you have your own assistant who will attend with you?** | **yes** | **no** |
| **Do you need learning support at college?**  *(Please tick. The list is just an example of what could be arranged, if the learner fulfils the criteria)* | **yes**  *Learning support assistant*  *Exam arrangements*  *Extra time*  *Coloured paper*  *Enlarged font*  *Hearing loop*  *Assistive software* | **no** |

I agree/do not agree that the information can be seen by:

Learner Support Manager

My tutor

My curriculum manager

Curriculum manager for Cross College Support

*(for Dyslexia/Maths/English Support)*

Exams Officer

*Office: use*

|  |  |
| --- | --- |
| *Once this form is completed, please send it to the Learner Support Manager for further action* | **Date sent to LSM**  **/ /** |

*LSM use:*

|  |  |  |
| --- | --- | --- |
| *Learner assessed* | | **Date** |
| *LSA support arranged* | *No LSA support required* | **Date** |