



Additional Learning Support Questionnaire (ALS2)



To be completed by the learner:

Student Name:	DOB:	Student No:
Course Applied for:		
Name of secondary school:	When did you leave:	
Have you previously studied at Barnsley College? Y / N If yes, when:		

Nature of Disability:

Dyslexia	Dyspraxia	Asperger's	Autism	Moderate Learning Difficulties
ADHD/ADD	Hearing Impairment	Visual Impairment	Physical impairment	Mobility Impairment/ wheelchair user
Behaviour	Mental Health Please specify:		Medical Please specify:	
Other (Please specify):				

Do you have an Education Health and Care Plan? Yes No

Please tell us about your difficulties and how we can support you at College:

Previous Support:

Tell us about the support you've had in the past (please tick):

In class support		Small group out of class		1:1 out of class	
Note taker		Communicator/signer		Specialist software	
Hearing Loop		Coloured overlays		Other:	

Did you have special arrangements in any exams? **Y N** If yes, please tick below:

Extra Time		Reader		Scribe	
Rest Breaks		Use of laptop		Modified paper	
Separate room		Braille/enlarged text		Prompt	
Other (please specify):					

Any information disclosed will be treated confidentially. However, in order to provide the best support for you this information may need to be shared with other people within the college e.g. course tutors, exams department.

I give permission for information concerning my support needs to be shared with relevant departments.

Signature: _____ Print Name: _____ Date: _____

To be completed by ALS

Date received: