**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:**

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

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

If yes, please state which Local Authority that issued the EHCP: **……………………………………………**

|  |
| --- |
| 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:*