

Weymouth College Additional Learning Support Form 2021/22

Please complete this form detailing your support needs.

*** Required**

1. Full Name *

2. Date of Birth *

3. Previous school *

4. Course applied for. *

5. Do you have an Education, Health Care Plan (EHCP) *

Mark only one oval.

Yes

No

Applied for/Pending

Don't know

6. If you have an EHCP and know your SEN Provision Lead, please give details

7. Would you like someone to contact you about the support that you need?

Mark only one oval.

No

Yes

8. Will you be using SEND Transport? *

Mark only one oval.

Yes

No

Applied for

Medical or Physical Needs

9. Do you have a physical need which you require support with ? If yes, please give details of your physical need and the support required below .

10. Medical - please tick all that apply *

Check all that apply.

- Allergen (name of allergen, symptoms and treatment required in section below)
- Anaphylaxis (Please state allergy and if you have an auto adrenalin injector)
- Epilepsy (If ticked please give details in section below, e.g. type of epilepsy, medication)
- Heart condition(please specify in section below)
- Diabetes (please specify type 1 or 2 in section provided below)
- Asthma (if you require support with this , please let us know below)
- Hearing Impairment (Please specify in the space provided below)
- Vision Impairment (please specify in the space provided below)
- Physical condition (please specify in space provided below)
- Support with medication required
- Other
- Prefer not to say
- None
- Disability affecting mobility (please sepcify in space provided below)
- Cerebral Palsy

11. Please provide details of specific condition, or any other useful information regarding your medical condition. Or if none, please state n/a below. *

Learning Disability/ Difficulty

12. Please tick all that apply *

Check all that apply.

- ADHD
- Autistic Spectrum Disorder/Condition (ASD/ASC - including Asperger's Syndrome)
- Dyslexia
- Dyspraxia
- Dyscalculia
- Oppositional Defiant Disorder
- Tourettes/ Tics
- Other
- None
- Prefer not to say
- Sensory needs
- Profound Complex Disabilities
- Severe Learning Difficulties
- Moderate Learning Difficulties
- Communication or language difficulty

13. Provide details of how your learning disability/ difficulty affects you and how you would like to be supported. If none, please write n/a. *

Support received at previous school/education setting.

14. Did you receive classroom support at school? *

Check all that apply.

- Classroom support in small groups
- one to one support
- Use of a support hub
- No classroom support required
- Generic classroom support

15. Did you receive break or lunch time support? *

Check all that apply.

- Yes, small group support
- Yes, one to one support
- Yes, support with medication or personal care
- No lunch or break support required

16. How would you like to be supported at college? *

Check all that apply.

- I like to have somewhere quiet to go at break and lunch times
- I would like to access workshops, for additional support outside of the classroom.
- I would like my support to be discreet.
- I like to be supported at break and lunch times.
- I don't need support
- I like to have a named support who works with me
- I would like someone who I can check in with at the start and end of the day
- I like to know that there is someone to ask for help if I need it

17. Do you require meet and greet or taxi support? *

Mark only one oval.

- Yes
- No

18. Did you have Exam Access Arrangements in school? *

Please note that you may still be required to be assessed to determine that your exam access arrangements are still your normal way of working as we are required to provide evidence for examination boards.

Check all that apply.

- Reader
- Scribe
- Extra time
- Other resources (overlays, reading pen , word processor)
- Prompt
- Seperate room
- Practical assistant
- No exam access arrangements

Social, Emotional Mental Health**19. Mental health ***

Please tick all that apply

Check all that apply.

- Anxiety
- Depression
- Bi-polar
- PTSD
- Self harm
- Eating disorder
- Other
- None/ prefer not to say

20. Please provide us details of any support required for any mental health need selected above . Or, use this space to inform us of any other conditions we should know about . Or, if none, please write n/a. *

21. Would you like the Student Welfare Team to get in touch with you for support such as counselling or one to one mentoring? *

Mark only one oval.

- Yes
- No

22. If you have severe anxiety would you like to be invited to our Summer Transition Programme? *

This is a short summer programme , to help ease anxieties and transition from school to college.

Mark only one oval.

- Yes
- No
- Not sure, please send details

This content is neither created nor endorsed by Google.

Google Forms