

LEARNING DIFFICULTIES / DISABILITIES PRE-ENTRY INTERVIEW 2017/18

COMPLETE THIS FORM AT INTERVIEW ONLY IF THE APPLICANT HAS DISCLOSED A LEARNING DIFFICULTY OR DISABILITY

Section 1 – Learner information

Name:	DOB:	Age:
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Course applied for:	Centre:
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Current School or College:
Address:

Please explain to the applicant that it is very important that they tell us about any additional learning support need, disability or long-standing medical condition they have. This information is vital to us as it enables us to assess and offer the appropriate support.

I do have an additional learning support need, disability or long-standing medical condition. (Please tick below and circle primary need)

	01	Emotional/behavioural difficulties		12	Dyslexia
	02	Multiple disabilities		13	Dyscalculia
	03	Multiple Learning difficulties		14	Autism Spectrum disorder
	04	Visual Impairment		15	Asperger's syndrome
	05	Hearing Impairment		16	Temporary disability after illness/accident
	06	Disability affecting mobility		17	Speech, Language and communication needs
	07	Profound complex disabilities		93	Other physical disability
	08	Social and emotional difficulties		94	Other specific learning difficulty (e.g. Dyspraxia)
	09	Mental Health difficulties		95	Other medical condition (e.g. epilepsy, asthma, diabetes)
	10	Moderate learning difficulty		96	Other learning difficulty
	11	Severe learning difficulty		97	Other disability

If the applicant has stated they have an 'Other Disability' or 'Other Medical Condition' please state the disability or medical condition here:

Section 2 - Specialist Reports – please ask these questions and record the answer by ticking the appropriate box	Yes	No
Have you ever been assessed by an <i>Educational Psychologist</i> ?		
Do you have a ' <i>Education Health and Care Plan</i> '?		
Did you receive ' SEN ' support at school?		
Do you have exam concessions in place (e.g. Reader, Scribe, Extra time, Use of PC)? Which of the above:		

Section 5 – Staff and Applicant signatures

Askham Bryan Staff signature :	Date:
Print Name	
Applicant signature:	Date:

By signing this form I give permission for the College to contact my previous educational establishment for information on my support needs and to liaise with academic staff, where necessary. The College may contact me to discuss my support needs.
If you would prefer to discuss your support needs before we speak to academic staff please tick the box and our Learning Support department will contact you.

PLEASE ENSURE THAT THIS FORM IS RETURNED TO STUDENT RECORDS WITH THE INTERVIEW PACK.