|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Identification of need** | | | | |
| Maths | English | Learning Difficulty | Disability | Social |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Maths and English needs (A)**  Relates to learner’s needs with Maths or English as being below entry level 3, this will impact on the design of their learning programme and require additional support work (Diagnostic results should be available). Diagnostic results will indicate the practical areas of need that will be worked upon and shown in the plan within that platform. (Working At = WA, Working toward = WT) | | | | | | | | | |
| English Initial Assessment Result | | WA Entry 2 | WT Entry 3 | | WA Entry 3 | WT Level 1 | | WA Level 1 | Above L1 |
| Maths Initial Assessment Result | | WA Entry 2 | WT Entry 3 | | WA Entry 3 | WT Level 1 | | WA Level 1 | Above L1 |
| English Diagnostic score | x | | | Maths Diagnostic score | | | x | | |

|  |
| --- |
| **How the needs above affect the planned programme**  Relates to how the needs will affect the wider general programme including vocational tasks / units / modules to be delivered |
| What units within the planned qualifications will present particular challenges based on the identified Maths or English need? |
| *<Replace the text here of details of the units / modules (knowledge, skill or behaviour) the learner will have particular challenges with based on their assessed levels, I.e. unit X and X where level 2 use of number / subtraction / addition is required which will result in greater time spent in additional to general explanation of functional skills barriers, i.e. is at entry 3 and requires level 2 functional skill so a significant distance to travel>* |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Specific Learning Difficulties & Disabilities (Additional Learning Need) (B)**  (Relates to specific learning difficulties) | | | | | | | | | | |
| Dyslexia |  | Dyspraxia |  | Dyscalculia |  | Autism |  | Other |  | x |
| Educational Health Care Plan | | |  | Statement of Special Educational Need | | |  | Social/Emotional |  | x |
| *< insert Text here if need identified from initial assessment tools and learner’s responses from their application form regarding learning difficulties and disabilities*  *>* | | | | | | | | | | |

|  |
| --- |
| **Social and Emotional Difficulties (Personal and Social Development) (C)**  (Relates to additional social needs that may not be viewed as disability but would have significant impact upon the planned programme) |
| *<Replace the text here of with discussion of any potential social or emotional needs that do not quantify as a disability but may have significant impact upon the programme*  *>* |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Tutor contact details** (for the learner) | | | | | | | | |
| Mobile number | | | x | | | Email address | | x |
| When would the learner like to be Supported? | | | | | | | | |
| Daytime |  | Evening | |  | At work only |  | x | |

|  |
| --- |
| **Maths and English Support Programme**  Maths and English support activities over and above the normal provision |
| x |

|  |  |  |  |
| --- | --- | --- | --- |
| **Wider Support to be provided** (as a result of needs identified)  This section explains the general adjustments that will be made to your programme (use the box for additional details for volume/frequency where necessary) | | | |
| General Activities to address barriers to learning(to be provided by Tutor) | | | |
| Weekly one to one private discussion |  | Additional visits in the workplace / placement |  |
| Loan or Grant of additional equipment  (eg: Dictaphone) |  | Reader or Scribe |  |
| Increased length of programme |  | Shorter but more frequent visits due to learning need |  |
| Increased marking and assessment time due to learning needs |  | Additional or revised teaching resources  (e.g. coloured paper) |  |
| Amended frequency of assessment or reviews |  | Additional mock end point assessment preparation (Apprenticeships only) |  |
| Personal & Social Development Workshops  (detail shown overleaf) |  | Weekly one to one private discussion |  |
| BSL Interpreter & Extra Time |  | Assistive Technology – Voice recognition |  |
| Flexibility with location |  | Assistive Technology - Screenreader |  |
| Pre-recorded evidence / video link |  | Assistive Technology – text to speech |  |
| Permission to write notes |  | Permission to bring notes |  |
| Info presented in required format – size, font, colour |  | Individual testing scenario |  |
| Supervised assessment at home |  | Written questions to back up verbal |  |
| Rewording of questions / clarification |  | Info presentation in smaller chunks |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Classroom adjustments that will be necessary** (For classroom based delivery elements – details overleaf) | | | |
| Reader |  | Note taker / Scribe |  |
| Resources amendment |  | Learning Support Assistant (in class) |  |
| Personal Care Assistant |  | Other (Please record details overleaf) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional activities to be provided by third parties** (Based on social needs) | | | |
| Personal counselling |  | Learning Support Specialist |  |
| Speech Therapist |  | Communication Support Worker (Braille) |  |
| Physiotherapist |  | Social Worker |  |
| Personal Care Assistant |  | Other |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Exam adjustments that will be Necessary (though approval by Awarding body required)** | | | |
| Extra Time Allowance |  | Personal Support Worker in attendance |  |
| Pre-examination mentoring (e.g. anxiety support) |  | Timed rest breaks |  |
| Scribe |  | Bathroom breaks |  |
| Reader |  | Voice Explanation |  |
| BSL Interpreter & Extra Time |  | Assistive Technology – Voice recognition |  |
| Flexibility with location |  | Assistive Technology - Screenreader |  |
| Pre-recorded evidence / video link |  | Assistive Technology – text to speech |  |
| Permission to write notes |  | Permission to bring notes |  |
| Info presented in required format – size, font, colour |  | Individual testing scenario |  |
| Supervised assessment at home |  | Written questions to back up verbal |  |
| Rewording of questions / clarification |  | Info presentation in smaller chunks |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **How the support plan will be reviewed** | | | |
| Learning Support reviews to take place |  | Six monthly support review |  |
| Three monthly support review |  |
| Monthly support review |  |

|  |
| --- |
| **Additional Information**  Further details including relevant workshops, location of support, set times, dates if not reported elsewhere |
| *<Replace the text here with any further depth necessary to explain to the learner how the support will be delivered. This would include the specific workshops, locations and dates where known, but where dates or locations are not known the planned workshops and likely timeframes. Use this also as an extension sheet should you run out of room elsewhere. You can always add additional content to the plan at any time.>* |

|  |  |  |
| --- | --- | --- |
| **Action Plan** | | |
| Action | When by | Notes |
| <*e.g. Record here the initial actions or broad actions not explained above, or requiring short term or long term planning. I.e. Billy will receive his first weekly phone call from x, to provide mentor guidance, I will liaise with his tutor to ensure coloured paper is used etc.* > | x | x |
| x | x | x |
| x | x | x |
| x | x | x |
| x | x | x |
| x | x | x |
| x | x | x |
| x | x | x |
| x | x | x |
| x | x | x |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Tutor Confirmation of the plan** | | | | | | |
| I am satisfied the adjustments made to the learner’s programme are required and deemed reasonable in order to address their barriers to learning. Without the support above it is thought the learner would be unlikely to achieve or would face significant difficulties achieving or remaining on programme. | | | | | |  |
| Name of Tutor | x | | Signature | | x | |
| MIS informed of claim |  | Tutor supplied with support plan |  | First contact planned for: | x | |
| Exceptional Learning Support  Are the adjustments likely to cost more than £150 per month? |  | ELS Claim Completed |  |  |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Learner’s confirmation of the plan (though can be uploaded to e-portfolio and learner confirm receipt)** *– a learner may choose not to agree or sign the plan but it does not mean adjustment would not take place* | | | | |
| I am satisfied the adjustments made to my programme are required and deemed reasonable in order to address my barriers to learning. | | | |  |
| Learner Signature | x | Date | x | |
| Please indicate here if you wish for this plan to be shared with your employer (If an Apprentice) | | |  | |