**Identifying Need Example 3 – Personal Learning and Support Plan**

This is typical of the kind of form that colleges use to record learner needs and suggest strategies they want lecturers to explore with the learner.

**Good practice**

* The form will provide lecturing staff with information about the learner’s needs.
* The form provides space for the learner to communicate about their concerns and about what their learning focus is.
* Learning Support team have suggested strategies lecturers might use.

**How could you personalise this for your centre?**

* This document has a Learner Declaration at the end that is signed at this exploratory stage in the AA process when need is being identified. However, this declaration would not be sufficient at the stage of submitting an AA request to SQA. Would you use the Candidate Agreement Form on the SQA website once the AA need has been confirmed by the lecturer and signed off at the verification of AA meeting?
* What other changes might you make to this document to suit the processes and procedures in your college?

***Please note: the use of this resource is not a mandatory SQA requirement.*** *It is provided here for your information only, as an example of the way one centre implements their AA policy or procedures. If you would like to use this resource, please feel free to adapt it in any way that suits your centre.*

**PERSONAL LEARNING**

**AND SUPPORT PLAN**

To comply with the General Data Protection Regulations and the Equalities Act,

this form must be kept in a secure place to ensure confidentiality.

|  |  |
| --- | --- |
| **Name:** |  |
| **ID/SCN:** |  |
| **Course Code:** |  |
| **Department:** |  |

**SECTION 1: Course Content**

|  |
| --- |
| **The relevant course information regarding content and assessments can be found on SharePoint. Please consult prior to making recommendations.** |

**SECTION 2: Previous learning and/or support**

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous school/college** |  | **Support contact** |  |

|  |  |
| --- | --- |
| Transition information required [ ]   | Transition information received [ ]  |

**How would you describe your previous learning experiences?**

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Support****Provided** | **Yes** | **No** | **Comments** |
| * Alternative assessment arrangements
 | [ ]  | [ ]  |  |
|  |
| * Equipment used
 | [ ]  | [ ]  |  |
|  |
| * Classroom support/ Additional classes
 | [ ]  | [ ]  |  |
|  |
| * Transport
 | [ ]  | [ ]  |  |
|  |
| * Referral to external agency or specialist
 | [ ]  | [ ]  |  |
|  |

|  |  |
| --- | --- |
| Qualifications gained to date (if appropriate) |  |

**SECTION 3: Student Concerns**

|  |
| --- |
| **Writing**Consider: Physically difficult; spelling; grammar; punctuation; thoughts on paper; speed; legibility; insert/omit words/letters; avoidance of writing |
|  |
| **Reading**Consider: Physically difficult; speed; comprehension; reading for pleasure; magnification required; visual stress  |
|  |
| **Numeracy/Maths** Consider: Level of numeracy/maths achieved to date; compatible with course demands |
|  |
| **Memory & Concentration** Consider: Ability to notetake; ability to recall information heard or read; memory; concentration |
|  |
| **Study & Organisation Skills**Consider: current study methods; using a PC; organising ideas; planning; meeting deadlines; revision strategy |
|  |
| **Hearing**Consider: Loss in which ear; degree of loss; preferred communication method; BSL user; use of hearing aids; certain frequencies/pitch. |
|  |
| **Vision**Consider: Loss; degree of loss; which eye; use of visual aids; equipment; level of magnification; level of functional vision; visual stress; contrast |
|  |
| **Communication** |
| Consider: Speech and language; 1 to 1; group settings |
|  |
| **Mental Health Concerns** |
| Consider: Attendance, participation in class, referrals to other services |
|  |
| **Medical condition** |
| Medical condition(s) | [ ]  |  |
| Affecting your learning (e.g. fatigue, absences) | [ ]  |  |
| Medication/side effects | [ ]  |  |

**SECTION 4: Student Focus**

|  |
| --- |
| **Areas I would like to focus on:** |
|  |
| **Support needed to help me achieve this:** |
|  |

**SECTION 5: Recommendations**

|  |
| --- |
| **Teaching and Assessment** |
|  |
| [ ]  | Additional subject support |  [ ]   | Note-taking in class (detail which ones)  |
| Notes: |  |  Notes:  |  |  |
|  |  |  |
|  |  |  |
| **Course Materials** |
|  |  |  |
| [ ]  | Course materials | [ ]  | Alternative formats |
|  |  |  |
| Notes: |  |  | [ ]  | Course notes in advance |
|  |
| [ ]  | Electronic version of notes in advance |
|  |
| [ ]  | Minimal note taking |
|  |  |  |
| **Alternative Assessment Arrangements** |
|  |  |  |
| [ ]  | Alternative assessment arrangements | [ ]  | Extra Time | [ ]  | Reader |
| [ ]  | Scribe | [ ]  | Prompter |
|  |  |  |
| Notes: |  |  | [ ]  | Assistive tech/digital notes  | [ ]  | PC |
|  |
| [ ]  | Separate Room | [ ]  | Rest Breaks  |
|  |  |  |  |
|  |  | [ ]  | Alternative Formats |
|  |
| [ ]  | Dictionary  |
|  |
|  | [ ]  | Other |
| **Referrals to Other Services** |
|  |  |  |
| [ ]  | Core skills drop in or Maths drop in (underline which one) |
|  |  |  |
| [ ]  | Learner Advisers |  |
|  |  |  |
| [ ]  | Transport Costs (Student Finance) | Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| [ ]  | Disabled Students’ Allowance | [ ]  | Psychological Assessment |
|  |  |  |
| **Other Support** |
|  |  |  |
| [ ]  | Communication Support Worker |  | [ ]  | PEEP required |  |
|  |  |  |
| [ ]  | Mentor – Staff  |  | Notes: |  |
|  |  |  |
| [ ]  | AT Training |  | Notes: |  |
| [ ]  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |
| **Equipment & Technology (please list the items below)** |
|  |
| **Notes** |
|  |

**SECTION 6: Learner Declaration**

 **6: Learner Declaration**

**Privacy Notice**

You can view our Privacy Notice here:

**What you can expect from us:**

* + Support to set and achieve your learning goals
	+ Respect and an assurance that we will only share the information that you have shared with us, with staff that need to know and with awarding body where required.

**What is expected of you:**

* You will attend appointments at agreed times or will let us know if you are unable to attend

[ ]  I understand that XXXX require, by law, to offer me learning support services, if required, and I have seen the PLSP Privacy Notice.

[ ]  I understand that information will be shared with staff and with awarding body, to allow for support and reasonable adjustments, including for exams, to be provided.

[ ]  I agree with this Personal Learning Support Plan.

[ ]  I give explicit consent for XXXX to share information with external organisations, where it is in my best interests.
**or**

[ ]  I do NOT give consent for XXXX to share information with external organisations.

The Learning Support team cannot provide you with support without your agreement and co-operation. Support cannot be provided by other members of staff, outwith the Learning Support team, if you do not agree to allow us to share your information. **You can specify what information you do and do not want shared.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Student signature** |  | **Date** |

|  |
| --- |
| **Comments** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Staff signature** |  | **Date** |

**The information recorded in the PLSP will be held on the Learning Support database and may be used for audit purposes.**

**This information will only be used to provide the support measures discussed, including the supply of equipment and training.**

**Information will not be shared with anyone else without your permission.**