

Learning Support Request



If you have received support at school and/or think you will need support on your College course please complete this form and return in the freepost envelope provided. The Learning Support Team may contact you if you tick any of the “yes” boxes. Any information you provide on this form will only be shared with the relevant staff members.

Your name:.....

Address:.....

.....Postcode:.....

Telephone number:.....Date of birth:

Proposed curriculum area:.....

School currently attending.....

Do you have an Education, Health and Care Plan?

Yes	No
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Please tick the boxes below if you have any of the support needs listed.

Support Need	Yes	No
Autism Spectrum Condition		
Anxiety / Emotional / Mental Health		
Dyslexia		
Dyscalculia		
Hearing Difficulties		
Mobility Difficulties		
Visual Difficulties		
Do you need any special equipment / aids?		
Medical: ADHD		
Medical: Diabetes		
Medical: Epilepsy		
Medical: Dyspraxia		
Medical: Allergies		
Medical: Other (please state).....		
Will you need to take Medication at Macclesfield College?		

Continued overleaf...

Please tick **YES** or **NO** to each question

At your previous school / college did you....	YES	NO
have an extra member of staff in the classroom to help you?		
have extra English and/or Maths sessions?		
have extra pastoral support?		
have extra support during your exams? (if YES complete the next section)		

During your previous EXAMS at school / college did you...	YES	NO
have coloured or enlarged paper?		
have extra time?		
have supervised rest breaks?		
have someone to write for you?		
have someone to read for you?		
have someone to prompt you?		
use a word processor / laptop?		
take your previous exams in a separate room alone?		
take your previous exams in a smaller room with a few others?		

Your signature: Date: