South Tyneside Council

Skills SOUTH TYNESIDE

Document Reference: 21016

Additional Learning Support Request Form

Initial Assessment for Accessing Learner Support - to be completed by the Tutor			
Supplier		**Tutor Name**	
Course		**Course Code**	
Learner/s		**Date**	
Please describe the type of support your learner/s require:			
Please describe how the learner/s would benefit from this support and how have you identified this need (please attach evidence of how you have identified this):			
For Childcare support please give details of Learner Eligibility: Progression to: Anticipated start date progression will commence:			
Will the learner be at risk of Hardship if support is not given? How have you evidenced this? (please attach the evidence)			
If you are asking for classroom support, why would a lower level programme not be more appropriate? Is there a progression route identified?			
Please describe how you will monitor the effectiveness of the support given to ensure it is of maximum benefit to the learner and how will you evidence this?			
Have the learner/s received support on previous courses? What type of support and how effective was it?			
Any other comments:			
Tutor Signature		**Date of Assessment**	

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Learner Details			
Course Start Date		**Course End Date**	
Accredited		**Non Accredited**	
Details of existing support in classroom if applicable:			
Please give details of the learners previous achievement in Maths and English GCSE or Functional Skills:			
Does the learner have an ECHP? Yes ☐ No ☐			
Care Leaver? Yes ☐ No ☐			
Ex Looked After Child (LAC) Yes ☐ No ☐			

Please tick the appropriate boxes if the learner has informed you that they have a disability/learning difficulty and personal circumstances apply. Please also **circle** the primary disability/difficulty.

Disability/Difficulty

- ☐ Visual impairment
- ☐ Hearing impairment
- ☐ Disability affecting mobility
- ☐ Other physical disability
- ☐ Other medical condition e.g. epilepsy, asthma, diabetes
- ☐ Emotional/behavioural difficulties
- ☐ Mental health difficulty
- ☐ Temporary disability after illness (e.g. post-viral) or accident
- ☐ Profound complex disabilities
- ☐ Aspergers syndrome
- ☐ Multiple disabilities
- ☐ Moderate learning difficulty
- ☐ Severe learning difficulty
- ☐ Dyslexia
- ☐ Dyscalculia
- ☐ Other specific learning difficulty
- ☐ Autism spectrum disorder
- ☐ Multiple learning difficulties
- ☐ Other
- ☐ None

Personal circumstances *

- ☐ Lone parent/young parent
- ☐ Unemployed receiving JSA/Universal Credit
- ☐ Means tested benefits
- ☐ Unwaged dependants
- ☐ Low income (family below £15,736.50)
- ☐ 19 + no level 2 qualification

* Evidence of personal circumstances must be provided with this form

Support Worker Details (if applicable)			
Name		**DBS Number**	
Date Issued			
Relevant Qualifications:			

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Additional Learning Support Needs		Costs/hour	Hours/week	Weeks/year	Cost/year
On programme					
Equipment					
Childcare (please note a learner register of attendance is essential for any claims of childcare)	Childminder				
	Day Care				
Total Additional Learning Support Costs £_____					
Learner Signature					

***Please note the maximum amount for classroom support is £7.50 - £10.00 and will be based on level of qualification, type of support given and availability of funding.**

*** Please note this form must be sent for approval within 7 days of identifying support need. If the request is approved at panel you will be notified within 7 days of the decision, you may be asked to submit additional evidence.**

***The Access to Learner Support Evaluation overleaf must be submitted as evidence at the end of the course along with all other required information in a separate pack marked for the attention of the Employment and Skills Officer – Progression and Performance (see Policy documents)**

Provider Declaration			
I understand that Skills South Tyneside 'the Council' may require additional evidence to support the above statement and the actual costs of delivery, and any inaccuracy in the statement may result in recovery of funding and civil and/or criminal proceedings. I understand and accept that the Council may share this information with other government bodies for the purposes of preventing fraud.			
Name		**Date**	
Signature			

For Office Use Only	Approved/Amount/Date	Declined/Reason	
Accredited			
Non Accredited			
Panel Signatures		**Date**	
Panel Signatures		**Date**	

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End of Course Evaluation – to be completed by the tutor at the end of the course			
What was the impact of the support given on your learner/s and how have you evidenced this? Is the evidence attached?			
How did the support contribute to Retention:			
How did the support contribute to Achievement:			
How did the support contribute to Attendance:			
If support had not been provided, would there have been any impact on your programme:			
Any other information:			
Tutor Signature		**Date**	