

Initial Assessment 2018 – 2019











Learner name _____ **Learner telephone number** _____

Key contact _____ **Key Contact telephone number** _____





Relationship to learner
(is this a Key Worker, Day Centre, Social Worker or Family Member?)

Please tick things you can already do:		With help	On my own
I can recognise some familiar words			
I can read short passages			
I can write some familiar words/name and address			
I can recognise numbers 1–10			
I can recognise numbers above 10			
I can recognise coins			
I can use money to buy things			
I can tell the time			
I can use a computer			
I can follow simple instructions			
I can ask questions to get information or help			

How do you like to communicate

I use speech/talk 		I can use BSL 	
I can use Makaton 		I use hand signing 	
I use Widget 		I draw 	
I use a computer 		I write (am non verbal) 	
I use something else (please tell us what it is) 		I use Rebus 	

Motor skills – Please circle what you can do below

I can stand or move my arms (when doing physical activity) 	With help On my own	I can move about (in the community) 	With help On my own
I can use public transport 	With help On my own	I can use a knife/fork/ everyday tools 	With help On my own

What are you hoping to learn on this course? Please write/draw in the box below

I would like to...

What do you want to do in the future? (it could be getting a job, volunteering, being independent, able to travel, look after yourself, shop on your own, make friends...)

I would like to...

Important information for the parent, carer, guardian or advocate.

In order to ensure appropriate learning goals and support levels are set, please complete the following. **Please let us know in advance if particular support is required.**

1. What is this person’s diagnosis/level of learning disability? (please state) <i>Do they have an Education and health Care Plan?</i>		
	YES	NO
2. Wheelchair access required?		
3. Personal care required?		
4. Signing support?		
5. Will the learner attend college with their own support worker?		
If yes, please state in detail why a non-college support worker or workers will be required and the number of support workers the learner will have.		
In addition to the above, how best can we support this learner? Is there anything else we should be doing to help them achieve their goals and be happy at college. (please detail below).		

	YES	NO	
6. Does this learner have a behaviour support plan? If yes, please attach a copy. We will need any and / or relevant updates to this as soon as possible, as failure to disclose such information may impact on the health and safeguarding of this learner and others.			
7. Have risk assessments been completed for this learning environment? If yes, please attach a copy. We will also need new and / or relevant updates as 6 above.			
8. Does this learner have behavioural, mental health/other issues? Include any fears or phobias that may act as a trigger. Please give details even if support is provided, including needs that may impact upon other students, staff, planning, risk assessments and costings.			
9. What other professionals are involved in this learners life? Please tick/give details.			
	YES	NO	DETAILS
Social Worker			
Key Worker			
Psychiatrist			
Occupational Therapist			
Community Nurse			

	YES	NO	DETAILS
Psychologist			
Speech & Language Therapist			
Any other (please give details)			

Disclaimer

Name of Learner _____

(If completing on behalf of above learner)

Relationship to Learner _____

Contact details _____

Please contact the College before the course starts, to assess any risks, and to view the risk assessment for the activity itself.

City College Peterborough is committed to maintaining a safe environment for all learners and needs your support to achieve this.

Please contact the College as a priority to inform us of any changes in medication, behaviour, personal circumstances or when any incidents occur which might impact on the learner and their classmates.

Please read before signing

I have completed this assessment form for the purposes of Peterborough City College identifying that the I the learner may need additional support during my course of study. I give my consent for information on this form to be distributed to staff where deemed appropriate to support my learning. I will provide any reports, documentation/ information relating to my learning difficulty/disability to City College Peterborough along with my medical information if applicable. I will inform the college with any updates or changes that may occur throughout the academic year. The information will be treated as confidential and no further transfer of personal information will take place without my consent. The supervision of and disposal of this information will fully comply with the Data Protection Act 1998.

Signature of learner _____

Or

Signature of Advocate _____

Date: _____

Medical Conditions

Please give us information about any medical condition you have so that tutors and support assistants can keep you safe in the College.

Please include things like: Allergies, Epilepsy, Diabetes, Depression, any others (please state):

If the learner has Epilepsy or allergies that would require medication such as an EpiPen or Buccal to be administered whilst in college? ***If yes, who is responsible for administering? If a member of CCP staff are expected to do this Medical protocol needs to be received from GP and staff to receive relevant training following policies and procedures.***

Current Medication: (we need notification if this changes)

In an emergency, the Hospital or College Nurse may need to contact your Doctor.

Name of Doctor: _____

Telephone Number: _____

If you are considering work, could this information be shared with Supported Employment?

I give my permission for photographs to be taken of me and my work for certification.

YES	NO

Signed _____

Date _____