

The Initial Assessment and college Application forms that follow are perforated and can be torn off for copying and sending to the appropriate college



When completing the Initial Assessment

- Please ensure all sections are filled out as fully as possible by someone who knows the learner well
- Where applicable, behaviour support plans and risk assessments are attached
- Any changes to these details are passed to the relevant Colleges immediately



Initial Assessments are vital documents for ensuring that learners are placed on correct courses with appropriate support, that we have effective safeguarding measures in place and that we are able to ensure that they receive high quality teaching. We will need to return any incomplete paperwork and this could delay course applications.



Initial Assessment 2011-2012

Name: _____ Your Telephone Number _____

Key Contact _____ Their 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 Independently

Recognise some familiar words		
Read short passages		
Write some familiar words		
Write your name and address		
Recognise numbers 1-10 11-100		
Recognise coins		
Use money to buy things		
Tell the time		
Use a computer		
Follow simple instructions		
Make simple requests		
Ask questions to get information or help		

How do you like to communicate?

Speech	
BSL	
Makaton	
Rebus/Widget/Writing with symbols	
Computer assisted	
Other (Please State)	

Motor skills

only with help independently N/A

Can stand or move arms, (if a physical activity is chosen)			
Can move about the community			
Can use public transport			
Can use everyday tools and utensils, eg. scissors and knives			

What are you hoping to learn on this course?

What do you want to do in the future? (Things like getting a paid job, living independently, being able to travel and shop on your own)

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Important Information

To the parent, carer, guardian or advocate

In order to ensure appropriate learning goals and support levels are set, please complete the following support information:

1. What is this person’s diagnosis /level of learning disability? (please state)		
	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 the learner will have		
6. Does this learner have a behaviour support plan? If yes, please attach a copy. We will need this updated termly		
7. Have risk assessments been completed for the learning environment? If yes, please attach a copy. We will need this updated termly		

<p>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.</p>		
<p>9. What other professionals are involved in this learners life? Please give details</p> <ul style="list-style-type: none"> • Social Worker • Key worker • Psychiatrist • Occupational Therapist • Community Nurse • Psychologist • Speech & Language Therapist • Physiotherapist • Any Other 	<p>Yes</p>	<p>No</p>

Name _____ Signature _____

Relationship to student _____ Date _____

Contact details _____

- Please contact the relevant College before the course starts, to assess any risks, and to view the risk assessment for the activity itself.
- Both Peterborough Regional College and City College Peterborough are committed to maintaining a safe environment for all learners and need your support to achieve this.
- Please contact the relevant College as a priority to inform of any changes in medication, behaviour, personal circumstances or when any incidents occur which might impact on the learner and their classmates.

Medical Conditions

Please give us information about any medical conditions you have so that tutors and support assistants can help keep you safe in college.

Please include things like:

- Allergies
- Epilepsy
- Diabetes
- Depression
- Other (please state)

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? Yes/No

I give my permission for photographs to be taken of me and my work for certification Yes/No

Signed _____



Application for a place on Supported Adult Learning courses 2011-12

Name: _____ Date of birth _____

Address: _____

Post Code _____ Home Tel. No. _____

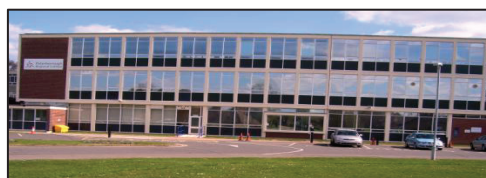
Day Centre (*if appropriate*): _____ Tel no _____

Course	Date/time	Venue

Please return completed form and initial assessment to:
Green Book Applications, Supported Adult Learning
City College Peterborough, Brook Street Peterborough, PE1 1TU

Where did you hear about this course?

Green Book Friend/relative Other _____



E-mail: info@peterborough.ac.uk or reception@peterborough.ac.uk

Website: www.peterborough.ac.uk

Application for a place on Inclusive Learning Part Time Courses 2011-12

Name: _____ Date of birth _____

Address: _____

Post code _____ Home Tel No. _____

Day Centre: _____ Tel no. _____

Course	Day & Time

Please return (with completed Initial Assessment form) to:

Jeremy Lloyd, Curriculum Team Manager

Inclusive Learning, Room 56

Peterborough Regional College

Park Crescent, Peterborough, PE1 4DZ

Please mark your envelope: 'Green Book Application'.

Where did you hear about this course?

Green Book Friend/relative Other _____