**EXAMPLE: Post 16 Learner Support Plan**

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| **Name** |  | **Data number** |  |
| **Course** |  | **Personal Tutor** |  |
| **EHCP** | **Yes?** | **No?** | **Review date** |  |
| **LSA Name** |  |  |  |
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| **Tiers of support** |
| **Tier level** | **Where** | **Outcome/purpose** | **By Whom?** |
| Tier 1 | Out of class support | Study skills development | Learning technologists |
| Tier 2 | In or out of class | •Specialist support* Access support
 | Access AssistantsSpLD lecturersALS mentors |
| Tier 3 | In class, during lesson | • Differentiated lesson planning• Clarification of language• Checking work• Additional explanations during or immediately after lessons• Prompting• Acting as reader or scribe* Providing access assistance
 | Learning support assistant |
| Tier 4 | In and out of class | * 1-1 support at all times
* Personal care
 | Access Assistants |

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| **Details of skills needed to meet educational objectives** | **Date/s to be reviewed****1** | **2** | **3** |
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| **Classroom differentiation strategies** | **Tutor** | **Learning Support Assistant** |
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| **Learning Support strategies** | **In class** | **Out of class** | **Tier** |
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| **Personal Care Needs** |  |
| Communicates using:* Words
* Signs
* Communication book
* Communication aids
* Body movements
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| Indicates likes or preferences by: |  |
| Indicates dislikes by: |  |
| Indicates happiness or unhappiness by: |  |
| Indicates the need for toileting by: |  |
| Indicates the need for changing by: |  |
| Details of assistance needed:* Toileting at timed intervals
* Toileting on demand
* Dressing and undressing
* Changing incontinence pads
* Bathing/showering
* Changing sanitary wear
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| Details of equipment/resources needed:* Hoist
* special seat,
* pads/pull ups,
* creams,
* disposable sacks,
* change of clothes,
* toilet step,
* gloves,
* aprons.
* other
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| Arrangements for any trips or visits: |  |

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| **Assisted feeding** | **Technique** |
| Give supervision and prompt to encourage independence |  |
| Position:  |  |
| Difficulty self feeding: |  |
| Helper approach: |  |
| Eating, drinking and swallowing:  |  |
| Significant drooling: |  |
| Difficulty chewing (tongue weakness or dysfunction): |  |
| Difficulty with particular textures |  |
| Delay in triggering the swallow |  |
| Food left in mouth or cheeks at end of meal |  |
| Repeated coughing throat clearing, choking, or a wet gurgly voice quality after swallowing |  |

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| **Adaptations currently used by the learner to meet educational goals: Support issue** | Support strategy | Please tick | Provided by? |
| Written communication | Scribing |  |  |
| Word processing |  |  |
| Computer  |  |  |
| Alternative format |  |  |
| Other |  |  |
| Vision | Screen magnification |  |  |
| Screen reader |  |  |
| Enlarged print |  |  |
| Other |  |  |
| Braille |  |  |
| Hearing | Lip Reader |  |  |
| CSW-BSL/SSE/other |  |  |
| Hearing Aids/loop |  |  |
| Other |  |  |
| Specialist software/peripherals | Keyboard |  |  |
| Reading Pen |  |  |
| Mouse |  |  |
| Other |  |  |

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| **Progress Indicators** | comment | date |
| Increased quality of written work |  |  |
| Increased quantity of written work |  |  |
| Increased social interaction with peers |  |  |
| Increased social interaction with adults |  |  |
| Increased participation in classroom activities |  |  |
| Increased independence in the college setting |  |  |
| Increased organisational skills |  |  |
| Increased curriculum knowledge in chosen subject area |  |  |
| other |  |  |

This document should be attached to the learners account on College data system and should to be provided for the relevant Learning Support Assistant for inclusion in the learner file.

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| Copy: | By: Name | Date |
| Attached to College data Management system |  |  |
| Provided to LSA |  |  |
| Completed  |  |  |