

Enrolment Baseline Learning Support Questionnaire

Please this form and bring it to enrolment.

Student Forename: _____

Student Surname: _____

Q. Do you have a diagnosed learning difference, disability, medical condition, and/or mental health condition?

Yes ☐ No ☐

Q. Do you think you have or are you under investigation for a learning difference, disability, medical condition and/or mental health condition?

Yes ☐ No ☐

Q. Have you ever had additional support in learning? e.g. accessed learning support area, additional time with teacher/assistants in classroom/out of classroom, adjustments in exams (extra time, reader, scribe, using a computer).

Yes ☐ No ☐

FOR OFFICE USE ONLY

Should this learner have ticked YES to any of the above,
please refer them to the Learning Support Desk.

Learning Support Interview Completed: ☐

LSI Completed by: _____