



Leading learning and skills

Provider Name: Devon Adult & Community Learning		Provider UPIN:
Name of Learner:		Learner id:
Learning Programme/Learning Aim		
Course Code:	Course Title:	
Start Date:	End Date:	
Anticipated end date of support, if earlier:		
Name of provider's staff undertaking assessment:		
Details of existing support in classroom:		
Please tick the appropriate boxes if the learner has informed you that they have a learning and/or physical disability. Please tick the main disability.		
Physical disability (if any) <input type="checkbox"/> Visual impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Disability affecting mobility <input type="checkbox"/> Other physical disability <input type="checkbox"/> Other medical condition e.g. epilepsy, asthma, diabetes <input type="checkbox"/> Emotional/behavioural difficulties <input type="checkbox"/> Mental health difficulty <input type="checkbox"/> Temporary disability after illness (e.g. post-viral) or accident <input type="checkbox"/> Profound complex disabilities <input type="checkbox"/> Aspergers syndrome <input type="checkbox"/> Multiple disabilities <input type="checkbox"/> Other <input type="checkbox"/> None		Learning difficulty (if any) <input type="checkbox"/> Moderate learning difficulty <input type="checkbox"/> Severe learning difficulty <input type="checkbox"/> Dyslexia <input type="checkbox"/> Dyscalculia <input type="checkbox"/> Other specific learning difficulty <input type="checkbox"/> Autism spectrum disorder <input type="checkbox"/> Multiple learning difficulties <input type="checkbox"/> Other <input type="checkbox"/> None
Please describe below how the need for ALS was identified and assessed (This includes Additional Learning Needs (ALN) and Additional Social Needs (ASN) in Employer Responsive Funding):		
Please describe how the ALS funds will be used to support the learner:		

Total Additional Learning Support Costs:

£

To Be Completed By Equality & Inclusion Manager

I understand that the LSC 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 LSC may share this information with other government bodies for the purposes of preventing fraud.

Signature:	Name (please print):
Position:	Date:

NB Please Note if printed this may not be the most up to date version of the document

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Please give a copy of this completed form to the tutor to record support in the learner's learning agreement