



**Portland
College**

**Foundation Learning Department
Initial Assessment Application**

Please place photograph of
student here.

Learner's Name: _____

School's Name: _____

Name of person completing form:

Place required from: _____

Please return to: Student Recruitment Assessment Team
Portland College
Nottingham Road
Mansfield
NG18 4TJ
Tel: 01623 499185 / Fax: 01623 499134



Portland College operates an equal opportunities policy

Before a date for assessment can be agreed, please forward this form together with as many of the following reports to the Recruitment Officer at Portland College.

- Copy of recent Transition Plan**
 - Copy of most recent Annual Review**
 - Technical Information on Communication Aid**
 - Care Plan including; medical information, speech and language information, eating and drinking guidelines, moving and handling details, physiotherapy reports and occupational therapy reports**
 - Visual Impairment reports**
 - Copy of special education needs statement (if applicable)**
 - Copies of education certificates**
 - Copy of Transitional Support Profile (Section 139a Assessment)**
- Please tick box if provided**

Thank you for completing this form. This information will help us to plan a programme, which will continue to meet your applicant's needs.

PROFESSIONAL AND AGENCY DETAILS

School Contact:

Name of person completing this form: _____

Role: _____

School Address: _____

Post Code: _____

Telephone No: _____

Connexion Contact:

Name of Personal Advisor: _____

Address: _____

Post Code: _____

Telephone No: _____

Social Worker:

Name:

Address:

.....

Post Code:.....

Telephone No:.....

Name of Local Education Authority:

LEARNER'S PERSONAL DETAILS

Surname:

First Name:.....

Preferred to be known as:

Male Female

Date of Birth:

Address:
..... Post

Code:

Religious/Cultural needs, please include details of any specific personal needs:
.....

Name of contact – parent/guardian/carer:

Address of contact if different from above- parent/guardian/carer:
.....
.....

DISABILITY

Name of Disability:

Nature of Disability:
.....

How does the Disability affect Learning:.....
.....
.....
.....

PEN PORTRAIT

Please give a brief description of the learners' personality, likes and dislikes.
.....
.....
.....
.....

COMMUNICATION DETAILS

Does the applicant have any problems with their understanding of speech?

YES NO

Please give details:

.....
.....
.....

How does the applicant communicate?

Verbal Non-verbally
E.g. Makaton Using a Voice Activated Communication Aid (VOCA)

Please give details:

.....
.....
.....

If a VOCA is used, how long has the applicant had this device?

.....

Who owns it / pays for the warranty?

.....

Does the applicant have any problems with social communication? E.g. social skills, conversation skills etc.

Please give details

.....
.....
.....

EDUCATIONAL DETAILS

LITERACY

We are looking for the level of Literacy at which the applicant currently functions.

Current Reading Age:

Current Level:

Test used and date:

Comments:

.....

.....

.....

NUMERACY

We are looking for the level of Numeracy at which the applicant currently functions.

Current Maths Age:

Current Level:

Test used and date:

Comments:

.....

.....

.....

TEACHING STRATEGIES

How does the applicant learn best, what is their preferred learning style?

Please give details:
.....
.....
.....

What motivates the applicant's learning?

Please give details:
.....
.....
.....

Are there any particular activities that the teacher should avoid in working with this applicant?

Please give details:
.....
.....
.....

Does the applicant have behavioural/ emotional difficulties?

YES NO

If yes, what strategies are in place to support the applicant?

.....
.....

PRE-COURSE ASSESSMENT

What are the applicant's aspirations?

Future	
Independent Living	
Educational & Training	
Vocational	
Leisure Activities	
Independent Travel	
Other	

Which of the following experiences has the applicant had?

Travel	
Work Experience	
Residential Trip	
Day Visits	
Sports/leisure activities	
Home Management Skills eg: Cooking, Ironing, Cleaning,	

What money handling skills does the applicant have? Are they able to manage their own money?

Please give details:

.....

.....

.....

Which of the following subjects has the applicant taken since they were 14 years of age and what is their level of attainment?

Subject	Level of attainment		
	Above average for this school	Average for this school	Below average for this school
IT			
Cookery / Catering			
Gardening / Horticulture			
CDT			
Reading & writing			
Numeracy / Maths			
First Aid			
Other (Please specify)			

What qualifications if any has the applicant achieved?

Achieved	Level	Date

What qualifications if any is the applicant likely to achieve before leaving school?

Likely to Achieve	Level	Date

ILT Access Requirements

Does the student require a large font size? If so, please state what font size works best for them.

.....

Does the student require the screen zoom settings (e.g.) to be set differently?

Yes %

No

How does the student access the computer? Please circle.

Direct Access

Using a switch

Other

If the student is a direct access user what equipment do they use?

Standard Keyboard

Standard Mouse

Big Keys Keyboard

Expanded Keyboard

Rollerball Mouse

Joystick mouse

Other:

If the student uses a switch/ communication aid to access the computer, what type of switch/ communication aid do they use and how do they use it; e.g. with their hand, with their head? (Please include a photograph of the student using the switch/ communication aid if possible.)



.....

Does the student use any specialist software when using a computer? If so, please state what software they use.

Please give a named member of staff and contact number in case of further queries.
