

Special Needs Form

This form is used to determine whether a student has any particular needs with reference to learning and training.

Where needs and skills gaps are identified, Lead Institute will do its best to provide adequate support services, and where the need falls out of the realm of its capability, will endeavour to seek professional assistance.

All information provided on this form is confidential.

Section A – student to complete					
Personal details					
Date:	Student Name:				
	Student Number:				
Course Name:	Student Contact Details:				
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Course Start Date:	E				
Learning History					
Please circle the appropriate answer					
Do you have any medical conditions that may hamper your learning during this course?		Yes	No		
Do you currently experience difficulty with reading and writing?		Yes	No		
Do you currently experience difficulty with using numbers?		Yes	No		
Do you need help with using a computer?		Yes	No		
Are you shy to talk in front of people?		Yes	No		
Do you have any cultural practices/beliefs that you feel may be an obstacle during the course?		Yes	No		
Do you require any special equipment during your normal daily activities?		Yes	No		
Have you had assistance with training activities before?		Yes	No		
Further Details					
Please provide any more information that you think LEAD Education and Training should know, so that we may help you with your training:					
Student Signature:					



Section B – Lead Institute Administration to complete

If a student has ticked "Yes" for any of the questions or has provided any other information in terms of their learning abilities, this needs to be brought to the attention of the RTO CEO and the relevant Trainer/Assessor. If the student has ticked "No" and provided no further information, tick N/A (Not Applicable) below.

Has the Lead Institute's Chief Executive seen this form?	☐ Yes	□ N/A	
Has the relevant trainer been informed? Has a meeting been set to discuss the matter further with the student?	☐ Yes ☐ Yes	□ N/A □ N/A	
If "Yes", what is the date of the appointment:			
Has a file note been made in the Learner Management System?	L Yes	∐ N/A	
Name:			
Signature:			
Date:			