Self-assessment of needs and reasonable adjustment plan

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| --- | --- |
| Name | Placement school(s): |
|  |  |
|  |
|  |
| Completed with (name and role) | Date | Method e.g. by phone/face to face | Where e.g. from home |
|  |  |  |  |
| Reviewed with (name and role) |  |  |  |
|  |  |  |  |
|  |
| What specific aspects of learning do I find difficult to manage? e.g. memory recall for names, self-regulating emotions when I feel criticised, reading for understanding quickly etc. |
| Specific aspect | How often does this impact on me? Rarely, regularly, frequently, all the time | How many people in every 100 do I think might be affected by this?  | On a scale of 0 (not at all) to 10 (the most) how much does this aspect affect me as a teacher? |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| The questions above are subjective and designed to record how you feel about your learning needs, not how others may assess you. Your answers may differ over time, so it is important to review this section regularly. Add more lines if needed. |
| Consider the aspects identified above that impact on you the most, consider what strategies or adaptations might reduce this impact and record it below. Leave boxes blank if they are not relevant.  |
| Aspect with which I need support: 1 |
| Area for adaptation | Adaptations required | Review |
| Transport arrangements and accommodation  |  |  |
| Work environment (incl accessibility)  |  |  |
| Assisted technologies |  |  |
| Format of material, print/electronic  |  |  |
| Support worker/enabler requirements  |  |  |
| Working hours and arrangements including rest breaks  |  |  |
| Work load planning  |  |  |
| Other (E.g. manual handling, allergy awareness\*) |  |  |
| \*Medical needs should be risk assessed and require their own plan, which should be shared. |
| Aspect with which I need support: 2 |
| Area for adaptation | Adaptations required | Review |
| Transport arrangements and accommodation  |  |  |
| Work environment (incl accessibility)  |  |  |
| Assisted technologies |  |  |
| Format of material, print/electronic  |  |  |
| Support worker/enabler requirements  |  |  |
| Working hours and arrangements including rest breaks  |  |  |
| Work load planning  |  |  |
| Other (E.g. manual handling, allergy awareness\*) |  |  |
| Insert more boxes if required |
| Team around youPeople who can support you  | Role in school | Forms of support which may be helpful | Review |
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| Discussed and signed by |
| Trainee | Date |
| Professional tutor | Date |
| School mentor (1) | Date |
| School senior manager | Date |
| By requesting a signature from each of the above you are agreeing to share the information in this plan. If you agree to the signatories sharing with others to support you professionally, please tick this box  |
| Reviewed and signed by |
| Trainee | Date |
| Professional tutor | Date |
| School mentor  | Date |
| School senior manager | Date |
|  |