Equal Access Plan

This form is to be completed by a student who self-identity as having a disability or learning difficulty.

Student Details

Student Name	
Contact number	
Contact email	

Study details

Campus / Study method	
Course Name	
Course Date	

General Information

Disability, learning difficulty or medical condition

☐ Hearing Impairment
☐ Mental Health
☐ Learning disability
☐ Vision Impairment
☐ Neurological
☐ Other (Please specify) _____
☐ Physical Disability
☐ Medical Condition

About the condition

The following questions and supplied answers are only to help us reflect on your needs and help us identify ways to help you best participate equally.

Please provide so brief details about your condition

What difficulties may arise during your study? If applicable consider how past study has been impacted.

What support resources might you find useful?

This is not a full list of adjustments available. Use the space below to outline further requirements as needed.

- ☐ Alternative Learning Materials
- ☐ Access to online learning system
- ☐ Verbal questioning for written quizzes
- ☐ Electronic copies of printed material
- ☐ Extra time in quizzes
- ☐ Regular contact with a teacher

Other (please specify below)

Are there any further special arrangements we can make to assist in the classroom
(e.g. sitting in the front/back, need for breaks or eating small amounts of food)?

Is there a certain style of learning that really works for you?
(e.g. learning through seeing, hearing or doing things)

What aspects of the education process may be different to your previous study and what do you envisage that could be a concern?
(e.g. lectures, practical clinics, etc.)

What may be a manageable course load for me and what may be the easiest study mode?
(e.g. full time, part time, on campus, online)