

**Student Learning Support Agreement**

|                   |                 |
|-------------------|-----------------|
| Student ID Number |                 |
| Forename(s)       |                 |
| Surname           |                 |
| Course            | Choose an item. |
| Course start date | 01/10/2018      |
| Disability        |                 |

- Long-term disability
- Short-term injury/condition      Duration:

**Special Arrangements for Assessments**

|   |   |
|---|---|
| <input type="checkbox"/> 25% Extra time in exams  | <input type="checkbox"/> Use of computer        |
| <input type="checkbox"/> Supervised rest breaks<br>(10 mins per hour)                                     | <input type="checkbox"/> Use of colour overlays |
| <input type="checkbox"/> Separate room  | <input type="checkbox"/> Reader                 |
| <input type="checkbox"/> Scribe/Amanuensis  | <input type="checkbox"/> Regular toilet breaks  |
| <input type="checkbox"/> Accessible venue   | <input type="checkbox"/> SpLD stickers          |
| <input type="checkbox"/> Alternative formats for papers<br><input type="checkbox"/> Large Print Font Size | <input type="checkbox"/> Other                  |

**Other Arrangements**

|   |   |
|---|---|
| Ext Library loans <input type="checkbox"/>    | PEEPS required <input type="checkbox"/> |
| Lectures: Note-taker <input type="checkbox"/> | Loan equipment <input type="checkbox"/> |
| Voice recorder <input type="checkbox"/>       | Return date:                            |

The supporting evidence for the above disability/SpLD/medical condition is retained in the Disability Office.

**Put in place by:**

**Name:** Dr K Michail

**Position:** Disability and Wellbeing Advisor

**Date:**

Review Date:

Form shared with: