Learning Support Plans (LSPs)

Academic Accommodation Plan (AAP)

ESLCA University

A Learning Support Plan (LSP) is a document shared with your academic department or school to confirm that you are a disabled student and entitled to support, ensuring you are not disadvantaged during your studies.

**Overview:**

* **Creation of LSPs**: LSPs are typically done for students before they commence their studies at ESLSCA University. Finalizing your LSP prior to starting your course allows us to automatically share it with the relevant staff as soon as you complete your university registration.
* **Support Access**: An LSP ensures that university staff involved in your course have the necessary information to provide you with adequate support. This is essential for creating an inclusive and effective learning environment.
* **Early Discussions**: We encourage you to arrange an appointment to discuss your support needs at any stage during your studies or research. However, initiating this conversation before your course begins, particularly before our service becomes busy in Semester One, will help ensure that the necessary support is in place from the start of your course or shortly thereafter.
* **Collaboration with Disability Adviser**: The LSP is created collaboratively by your Disability Adviser with your input, following your written consent to share information about your support requirements. The LSP will not be shared with your department or school until you have approved the draft version.

**How We Share LSPs with Staff Who Will Be Working with You**

* **System for Sharing**: LSPs are uploaded to the University’s Learning Support Plan and Exam Support Adjustment (LSPs & ESAs) System. This system securely and automatically shares your LSP with relevant staff who can support you in your department.
* **Staff Access**: Your LSP will be shared with:
  + Staff teaching or supporting the delivery of the modules or courses you are enrolled in during the current academic year.
  + The Disability Officers in your departments for the current academic year.
  + Your academic tutor or supervisor.
  + Exam unit.

**Notification of approved academic accommodations to instructors**

Upon completion of the accommodation Request, the office will review and approve the accommodation letters.

Faculty will receive an email notification indicating that the accommodation letter is available for their review and signature.

Students are permitted to access their accommodation letters and may forward them to relevant course staff on a need-to-know basis for the implementation of the accommodations.

## Your Details

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Student ID number: |  | Date of Birth: |  |
| Course name: |  | Course start date (month/year): |  |

## Your disability, condition or Specific Learning Difference (SpLD)

| Please tell us about your disability, condition or SpLD. How does it affect you? |
| --- |
|  |

**Supporting documentation confirmation**

|  |  |
| --- | --- |
| I certify the supporting documentation I will share, is a true and correct representation of my disability, condition or Specific Learning Difference and is a true copy of the original seen by me. | |
| **Please sign** (electronic signatures are acceptable): | Date: |

## Support for teaching and learning

| **Type of support:** | Have you had this before? **(If yes, please check box)** | Do you think you’ll need this while at the University?  **(If yes, please check box)** |
| --- | --- | --- |
| Allowed to record your lectures in line with University Policy |  |  |
| Extensions to course work deadlines |  |  |
| **Specialist support:** | | |
| A note taker provided for your classes |  |  |
| Materials in alternative formats (e.g. coloured paper or braille) |  |  |
| Practical support (e.g. library or lab assistance) |  |  |
| Assistive software (e.g. screen reading or speech recognition software) |  |  |
| Specialist equipment (e.g. a radio aid) |  |  |
| Access or mobility requirements |  |  |
| Please provide more information about these, such as assistive technology products you use or the kind of practical assistance you might need when studying. | | |
|  | | |

## Support for exams and other assessments

| **Type of support:** | Have you had this before? | Do you think you’ll need this while at University? |
| --- | --- | --- |
| Extra time in exams  (Please tell us how much) |  |  |
| Rest breaks in exams  (Please tell us how much) |  |  |
| Use of a university computer in exams |  |  |
| Exams **not** in a large exam hall. We can organise rooms with **30** or fewer students |  |  |
| Exams in a much smaller room with up to **10** students |  |  |
| **Specialist support:** | | |
| Exams taken in a room where you are the only student |  |  |
| Exam reader |  |  |
| Exam scribe |  |  |
| Use of assistive software in exams |  |  |
| Do you think you might find assessments through presentations or group work difficult? If so, please provide more information. | | |
|  | | |
| Do you think you need any other exam support | | |
|  | | |

## Accommodation

| Please tell us about any disability needs you might have (e.g. a ground floor room) |
| --- |
|  |

## Emergency situations

| **In an emergency, can you:** | Please give brief details |
| --- | --- |
| Get up and down the stairs? |  |
| Evacuate a building by yourself? |  |
| Hear the fire alarm? |  |
| Is there any additional information you would like us to be aware of? | |
|  | |

## Applicant and student disclosure

| I have provided this information so that the University can set up a support plan for me as a disabled student.  I understand my support plan and information about my needs may be shared with other teams within the University so my disability adjustments can be co-ordinated.  I understand there are circumstances when information about my needs may need to be shared by law, for example, medical emergencies.  I understand that this may include sharing basic information within the University about the nature of my disability and its impact and what support I require. | | |
| --- | --- | --- |
| Yes, I understand and agree | |  |
| No, I do not agree and require further information | |  |
| **Please sign** (electronic signatures are acceptable): |  | |
| **Date:** |  | |