**Returning Student Request Form**

**Specialist Mentoring / Study Skills Support 2019/20**

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| Name: Thea Synnestvedt | | | Pronoun: **She** / He / Other: | |
| School: Politics, Law and Sociology | Course: | | | |
| Phone No.: 07455912315 | | Status: **UG** / PG | | Year: 0 / 1 / 2 **/ 3** / 4 |
| Email: tks21@sussex.ac.uk | | | | |

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| **Type of Specialist Support:** please indicate  For information, please refer to your DSA2 | | | | Mentoring | One to One Study Skills | |
| Number of sessions: | | | |  |  | |
| **Funding:** | **DSA\*** | ISDF | Other: | | | |
| **\*PG & Self-funding students**  Have you applied for the DSA for this academic year? | | | | | | Yes / No |
| Previous Support Worker(s):  none | | | One to one study skills: | | | |
| Mentoring: | | | |

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| **Outline of needs – areas that you will need help with** |
| I need help with my dyslexia, especially regards to spelling and structuring essays. Also, sometimes I read very slow and it can be difficult to keep up. |

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| **Consent** | | |
| I agree that my support worker can be informed of any other disability related conditions known to the SSU | | **Yes** / No |
| I agree that my support worker can read my Educational Psychologists /  Specialist Teacher’s Report (if applicable) | | **Yes** / No |
| I agree that my support worker can read my DSA Study Needs Assessment Report (if applicable) | | **Yes** / No |
| Signed: Thea Synnestvedt | Date:08/09/2019 | |

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| **Office use only** | |
| Support Worker: | Date: |