Initial Self-Assessment (BASIC)

|  |  |  |
| --- | --- | --- |
| Tick | Yes | No |
| Did you receive additional help at school - reader or scribe for exams, extra time in exams, dyslexia support or 1 – 1 support? |  |  |
| Do you have a transition plan or Education, Health and Care plan? |  |  |
| Are you under the care of Social Services or in care? |  |  |
| Are you a carer e.g. for a parent, partner, sibling, child with a disability? |  |  |
| Do you have any difficulty/disability which the organisation needs to consider when dealing with the application so we can arrange any reasonable adjustments?Please provide details here: |  |  |
| **Functional Skills (if appropriate)** | **Numeracy & Literacy assessment and other Qualifications**My highest level of Numeracy qualification is Date of Qualification: My highest level of Literacy qualification is: Date of Qualification: |
| Initial assessment results: Numeracy: Diagnostic assessment results: Numeracy: | Initial assessment results: Literacy: Diagnostic assessment results: Literacy |
| Initial assessment results: ICT: Diagnostic assessment results: ICT: | Assessment not completed |

How do you rate your: (**1 = low 4 = high)**

|  |  |
| --- | --- |
| If the learner is not able to complete the below, please complete iton the learner’s behalf to the best of your knowledge. | IAG |
| Your confidence | 1 2 3 4 |
| Ability to speak confidently with others | 1 2 3 4 |
| Ability to work with others | 1 2 3 4 |
| Ability to understand things | 1 2 3 4 |
| Ability to concentrate | 1 2 3 4 |
| Ability to use electronic learning devices | 1 2 3 4 |
| **Knowledge of Fundamental Values** | 1 2 3 4 |
| **Internet Safety** | 1 2 3 4 |
| **Literacy and Numeracy** | 1 2 3 4 |

|  |
| --- |
| **Health** |
| To enable us to plan our first aid provision and to ensure your welfare please would you answer the following questions:Are you taking any medication that any first aider or doctor would need to be aware of?……………………………………………………………………………………………………….Is there any information we may need to ensure your safety (colour blindness/hearing impairment/learning difficulties/physical disabilities)? |



Why are you doing this programme of learning?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| To learn something new |  |  | To meet new people |  | To have fun |
|  |  |  |  |  |  |
| To gain a qualification |  |  | To gain confidence |  | To get a job |
| Other *(please specify)* |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **How do you like to learn?** | Listening | Watching | Doing | Reading |

*Please tick those that apply to you*

|  |
| --- |
| **Area of additional focus** |
| So that we can create a personalised programme to enable you to have the maximum opportunities to achieve your potential are there any additional personal/financial/emotional issues we should be aware of? |
| Signed by learner: |