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| Woodhouse Grove School  **Private Candidate NormalWay of Working Profile - Tutor/Teacher** |

**To be completed by those who work with the student in a professional capacity:**

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| **Name of Student:** |  |
| **In what capacity do you know the student:** |  |
| **How long have you known the student:** |  |
| **Name:** |  |
| **Email address:** |  |
| **Telephone Number:** |  |
| **Date:** |  |

**From my experience with working with this student, the following records their normal way of working:**

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| **TIME** | **YES** | **NO** |
| **Always finishes tasks after others, routinely takes longer than expected** |  |  |
| **Needs extra time for assignments** |  |  |
| **Needs time to formulate an answer to a verbal question (slow responding)** |  |  |
| **Needs careful explanations in straightforward language of tasks/assignment titles** |  |  |

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| **READING** | **YES** | **NO** |
| **Avoids reading out loud** |  |  |
| **Has problem following written instructions** |  |  |
| **Finds it difficult to quickly get the idea of what s/he has read** |  |  |
| **Finds it hard to remember what s/he has read** |  |  |

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| **WRITTEN WORK** | **YES** | **NO** |
| **Handwriting difficult to read** |  |  |
| **Has difficulty copying from the board** |  |  |
| **Finds taking notes hard** |  |  |
| **Works on laptop/computer rather than writing** |  |  |
| **Can explain verbally without problems but struggles to write anything down** |  |  |
| **Needs support with spelling, grammar & punctuation** |  |  |

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| **MEMORY & CONCENTRATION** | **YES** | **NO** |
| **Has difficulty following oral instructions & needs them repeating** |  |  |
| **Has difficulty concentrating for long periods** |  |  |
| **Needs to have instructions written down** |  |  |

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| **PRACTICAL TASKS** | **YES** | **NO** |
| **Prefers practical tasks to written ones** |  |  |
| **Understanding better if able to consolidate learning through practical experience** |  |  |

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| **ORGANISATION** | **YES** | **NO** |
| **Organisational skills are weak – loses things, forgets items s/he needs to bring** |  |  |
| **Finds it hard to meet deadlines** |  |  |

|  |  |  |
| --- | --- | --- |
| **EXAMS** | **YES** | **NO** |
| **Finds revising for exams hard** |  |  |
| **Unable to finish an exam in the time allowed** |  |  |
| **Panics when faced with tests** |  |  |
| **Needs timely reminders to stay focused on task** |  |  |

**Please list extra provision and reasonable adjustments that are in place to support this student in your sessions.**

**In your opinion, which access arrangements does the student require to mitigate their significant and persistent long-term difficulties?**

**In what way/s will the student be disadvantaged if they complete exams without this access arrangement in place?**

**Any other information:**

**Thank you for your help.**

**Please return this form to:**

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