

**Individual Accessibility Action Plan for:**

**Name:** .....

**Yr:** .....

**Date:**.....

Purpose of this meeting:

- 1) To work in partnership with parents, carers and other agencies to discuss the current conditions / circumstances / change in condition that impact on or are a barrier to learning.
- 2) To agree an action plan that aims to overcome identified barriers to learning. We will do this by treating the student as an individual.
- 3) Attempt to identify the barriers and agree with an identified contact person some reasonable outcomes.

**To help with these parents/carers/partners will need to tell us;**

What is the condition/circumstance?  What is the impact on the student  How will it affect learning?
What things might need to change / be adapted / business needs
Agreed communication channel (telephone, e-mail, letter)/contact person
Action needed in an emergency
Identified risks

**Agreed outcomes:**

Parents/carers	
Student	
Partners	
On behalf of College	

Review date annually/term time/change in circumstance/condition.....  
 Copy: parent/carers. Student, Partner