

**Learning Difficulty Assessment (Section 139) Report Pro Forma**

<b>F1. Young Person's Details</b>	
Name of young Person  Name of parent/carer	Date of birth
Contact address	Telephone (home)  Telephone (mobile)
Name of person(s) completing assessment	Date completed  Date revised form completed
Current provider (mainstream/specialist/Independent)	Type of provider (Day/Residential) (up to 19/19 – 25)

<b>2. Background Information</b> (Please specify name of current or most recent education provision. Qualifications achieved and/or predicted grades. If the young person is not in education please describe their current activities. Include living arrangements if likely to impact on learning e.g. in care/residential placement)	<b>Sources of evidence</b> (for potential ISP applications Include relevant reports as appendices)
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<b>2.1. Experience of work and employment</b> (Brief description of experiences, including school based work experience or work related activities and part time jobs)	

<b>3. Learning Difficulties And/Or Disabilities</b> (Please describe the nature of the young person's leaning difficulty and/or disability (including hidden disabilities and medical conditions) and the impact this has on learning)	<b>Sources of evidence</b> (e.g. Statement of SEN, school report, health report, verbal report)

<b>4. Involvement Of Agencies</b> (e.g. Health, Social Services, LA, Broker, main school contact)	
Organisation & contact details	Actively involved or involvement requested?

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**5. Support Needs** *In each section please say:*

- O What support is needed?*
- O Why it is needed*
- O Source of evidence?*
- O How it can be put in place.*

**5.2 Mobility, Travel And Transport** *(Is the young person an independent traveller? Can they use public transport on their own or organise their own transport? Please say whether the young person can use public transport on learned routes only and how they cope if arrangements do not go according to plan. If the young person is not an independent traveller, please describe current transport arrangements and whether transport will be required in the next placement. Please describe any travel training that has taken place, is planned or required. Describe any particular risks and vulnerabilities.)*

**5.3 Social Skills, Relationships and Behaviour** *(Current situation - relationships and social skills with peers, professionals and other adults. Please describe any triggers for behaviour, any strategies used to support the young person's behaviour.)*

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**5.4 Communication Skills** *(If confident communicator, state this. Include detailed information on any specialist equipment used, or other strategies to support communication. Please note the young person's first language, where this is not English.)*

**5.5 Personal care support** *(e.g. assistance with eating, personal hygiene, toilet)*

**5.6 Medical support** *(impact of medical condition on learning, what needs to be done generally and in emergency, any staff training needed?)*

**5.7 Equipment** *(e.g. laptop, height-adjustable table, aid for walking, sight, hearing or communication)*

**6. Education/Training Being Sought** *(Comment on content or type of course, level, and title if known. What are longer-term goals and how will this course help to achieve them?)*

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**6.1 Impartial Information Advice and Guidance** (*Adviser's comments as to suitability of educational provision/course and guidance given – the report must identify the most appropriate provision, not just the characteristics of the provision, but the name of the provider and the actual programme of learning required for the learner to achieve progression The impartial IAG must reflect the young persons aspirations.*)

**7. Options considered** (*comments as to suitability. Where provision only partly meets need, comment on which key needs are not met by the provider*)

i) Mainstream education, training options	Meets all needs	Partly meets needs
ii) Specialist provision	Meets all needs	Partly meets needs

**7.1 Recommended option** (*Must be provision that can meet the needs of the young person. If this form is not going direct to the provider it will be submitted to the named LA Officer for consideration by the LA SNAPT Panel.*)

**I give consent that the above information can be shared between my current school, college or training provider and any organisations I may apply to, I confirm that I wish to participate in this assessment in order to explore the options that may be available after school and the additional support needed.**

**YES ☐ NO ☐**

<b>Signature of young person or parent/carer (or see attached consent form)</b>	<b>Date</b>
<b>Signature of person completing assessment</b>	<b>Date</b>