Instructions: To be completed by Student Services/Admissions Manager in consultation with student and/or their associate Refer to the <u>Access, Diversity and Equity Policy</u> for information about reasonable adjustment

STUDENT DETAIL	_S							
Given Name:				S	Student ID:			
Course Name:					Campus:			
Intake Month/Year:					Date:			
CONSULTATION Details of consultation wi E.g. meetings, phone disc		ils (dates and p	participants)					
REASON FOR RE Describe student's disabi		E ADJUS	TMENT					
Describe the anticipated effect of the student's disability on their enrolment and participation in their LCBA program								
Supporting documentation List any documentation provided by the student to verify their disability (e.g. medical certificate)								
REQUESTED ADJUSTMENTS								
Timeframe:	Term	Trimester	Course	Other				
Element of course:	Theory	Practical	WIL	All				
Describe the adjustments requested by the student that would enable them to participate in learning experiences								

ASSESSMENT

71002001112111	
To be completed by Student Services/Admission	ns Manager
Name:	Position:
Name:	Position:
Name:	Position:
 the costs and benefits of making the adjust 	ant, including their: comes or programs; and anyone also affected, including the education provider, staff and other students; stment. to above determines an adjustment is reasonable, LCBA is not required to make
CONSULTATION	
Details of consultation with student E.g. panel meetings, phone discussions, emails	(dates)
Summary of key discussion points	
Application outcome Succesful	Unsuccessful
If unsuccessful, provide reason with reference to	the Access, Diversity and Equity Policy



REASONABLE ADJUSTMENT PLAN

Examples of reasonable adjustments include:

- · accessible class rooms
- note-taking support
- · course material in alternate formats—electronic, large print, braille
- · use of laptop for assessments
- · extra time or extensions for assessments
- · alternate assessment tasks
- · ergonomic chair/desk
- · use of assistive technology
- · an interpreter.

*Note, these adjustments may mean that other processes are not required, e.g. application for assessment extensions, at the discretion of the lecturer.

Provide detailed information about the adjustments to be made to enable the student to participate in learning experiences

REVIEW

Is a review of this plan required?

If yes, identify timeframe, participants and nature of review

STUDENT AGREEMENT To be completed by student

By signing below, I indicate that:

- · I was consulted in the development of this plan
- · I agree with details of the plan; and
- that if the type of support that I require changes, I will seek review of this plan to discuss possible additional adjustments.

I authorise Le Cordon Bleu to disclose relevant personal information about my challenges to industry partners to facilitate an appropriate placement. I understand that this this information will be used to assess and arrange necessary adjustments to support my industry placement experience and that placement choices may be impacted based on industry partners' ability to meet my needs, and that suitable placement efforts will be made, but are not guaranteed.

Student signature:		
Student Name:		
Date:		

