

**Arrangements for  
Students with  
Learning  
Difficulties and/or  
Disabilities  
Requiring Provision  
in 2000-01**

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Annex I  
Annex J  
Annex K  
Annex L  
Annex M  
Annex N

# Confidential

## THE FURTHER EDUCATION FUNDING COUNCIL

# Recommendation Form: New Student Funding at a Specialist College Outside the Further Education Sector 2000-01

Cheylesmore House  
Quinton Road  
Coventry CV1 2WT

Telephone 01203 863000  
Fax 01203 863100

### Reference Circular 99/40

The Council would expect this form to be completed only where:

- the student's needs have been fully assessed
- provision in the sector is inadequate to meet the student's needs and evidence is available to support this
- a college outside the sector has offered the student a place at the Council's agreed fee level.

### For completion by the referring agency

Please read Circular 99/40 and refer to the notes at the end of this form before photocopying and completing it. Please complete a form for each student for whom a recommendation is made and return to the regional director of the relevant regional office, listed at **annex B** to Circular 99/40. A copy of this form should also, with the permission of the student, be forwarded to the specialist college for which the recommendation is made.

#### Section 1 General details (see note 1)

	Name of agency	
<b>1(a) Referring agency</b>	Address	
	Contact name	
	Position	
	Tel	Fax
<b>1(b) Student details</b>	Name	
	Student's address	
	Postcode	
	Date of birth	____ / ____ / ____
	Name of parent/advocate	
	Relationship to student	

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Address of parent/advocate if different from above

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Postcode

Tel

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**Section 2 – The student’s learning difficulty and/or disability (see note 2)**

**2(a) Description of student’s learning difficulty/disability**

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**2(b) Description of student’s additional support requirements arising from their learning difficulty/disability**

Describe the assessment procedures used to arrive at this recommendation

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**2(c) Statement information**

Has the student been the subject of a statement of special educational needs?  
(please tick)

☐ yes ☐ no

If yes, date of statement

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of most recent annual review

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of final review

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Section 3 – Current education (see note 3)**

Name of student’s current or most recent school/college

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Address

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Postcode

Tel

Fax

Head/principal

Type of school/college

Age range of school

Student's start date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student's completion date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Was the attendance residential? *(please tick)*

☐

yes

☐

no

If the student is currently in education please indicate the reason for leaving the above institution

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If the student is not currently in education, please give details of current activities

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#### Section 4 – Career aims (see note 4)

##### 4(a) Student career objectives

Does the student have a long-term career objective?

If yes, please describe briefly

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##### 4(b) Course or training programme

What learning does the student need to undertake to achieve this career objective?

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Are there currently available further education courses or training programmes to facilitate this learning? If yes please give details, including title and description

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Please indicate under which paragraph of schedule 2 this course falls

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Please indicate provision to which the student may progress following completion of this course or training programme

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**4(c) Provision available locally**

Please state at which sector college(s) the student has been assessed (including a contact name)

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Has the college indicated that it is able to meet the student's educational needs and support the student throughout their time at the college? (*please tick*) ☐ yes ☐ no

If the student's needs cannot be met, briefly explain why the college's provision is not considered adequate and whether a college has indicated that it may be able to meet the student's needs in the future

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A copy of the sector college assessment report should accompany this recommendation

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**Section 5 – Provision outside the sector (see note 5)**

**The Council will not normally consider recommendations which do not include an alternative choice of college**

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**5(a) Establishment****Recommended establishment**

Name

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Address

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Postcode

Tel

Fax

Principal

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**Alternative establishment**

Name

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Address

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Postcode

Tel

Fax

Principal

If an alternative establishment has not been given, please give reasons

**5(b) Learning programme at the recommended specialist college**

Please give brief details of the nature of the pre-entry assessment

Please give details of the student's learning programme including course title, if different to that outlined in 4(b)

Briefly explain this difference

Has a place been offered? (*please tick*) ☐ yes ☐ no

What is the programme start date? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

What is the programme end date? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Is the placement residential? (*please tick*) ☐ yes ☐ no

What is the duration of the residence? (weeks per year)

Would the placement at the alternative establishment differ significantly from the recommended establishment?

(*please tick*) ☐ yes ☐ no

If yes, please describe

**5(c) Additional support facilities at the recommended specialist college**

Has the recommended specialist college included in the pre-entry assessment report a brief rationale of the support required by the student? *(please tick)*

*(please tick)*

☐ yes

☐ no

Please indicate the matrix cell selection allocated by the recommended college

**5(d) Provision at a sector college**

Will the student's educational programme be provided solely at the specialist college or will all or part of it be provided at a sector college?

If so, which sector college will the student be attending?

What course or programme will the student be following?

How many days each week will the student be attending the sector college?

Name of sector college contact *(please print)*

**Section 6 – Referring agency assessment (see note 6)****6(a) Student support**

Please give a brief description of the referring agency's assessment of the student's support requirements. Please use the five support categories set out in the matrix

Tuition

Independence training

Personal care support

Therapy and/or counselling

Equipment

**6(b) Matrix cell selection**

Based on the referring agency's assessment of the student's profile of support requirements, please indicate the approximate matrix cell selection

**Section 7 – Contributions to this placement from other agencies (see note 7)****7(a) Benefits**

Is the student currently in receipt of social security benefit(s)  
(please tick) ☐ yes ☐ no

If yes, what benefit(s) does the student receive?

If the student is not currently in receipt of benefit(s) does the college intend to apply for benefits on behalf of the student once the student has started the course?

(please tick) ☐ yes ☐ no

If yes, please specify which benefits are to be applied for

Does the college intend to request the student to use their benefit(s) to contribute to the costs of the placement?

(please tick) ☐ yes ☐ no

If yes, please state the amount contributed £

**7(b) Social services**

Has the local authority social services department been involved in preparing this recommendation?

(please tick) ☐ yes ☐ no

Has it been asked to contribute to the cost of the provision?

(please tick) ☐ yes ☐ no

Has it agreed to provide for this student?

(please tick) financial support ☐ yes ☐ no  
other support ☐ yes ☐ no

If yes, please state amount and duration of social services department contribution £

Is the funding confirmed or provisional?

(please tick) ☐ confirmed ☐ provisional

Does this amount include the student's benefits?

☐ yes ☐ no

Will this contribution continue throughout the duration of the student's programme?

☐ yes ☐ no

Please describe the nature and level of social services involvement with this student, for example, whether a care plan has been drawn up



Please state name and address of contact in social services department

Name

Address

Tel

Fax

### 7(c) Health authority

Has the relevant health authority been involved in preparing this recommendation? *(please tick)*

☐ yes

☐ no

Has the relevant health authority been asked to contribute to the cost of the provision? *(please tick)*

☐ yes

☐ no

Has the relevant health authority agreed to provide for this student? *(please tick)*

financial support

☐ yes

☐ no

other support

☐ yes

☐ no

If yes, please state amount of health authority's contribution

£

Is the funding confirmed or provisional? *(please tick)*

☐ confirmed

☐ provisional

Please state name and address of contact in health authority

Name

Address

Tel

Fax

### 7(d) Transport

Does the recommendation require the LEA to provide transport? *(please tick)*

☐ yes

☐ no

If yes, has the LEA agreed to meet the costs of transport? *(please tick)*

☐ yes

☐ no

If no, describe any other arrangements which have been made

### 7(e) Agreement of relevant parties

The recommendation has the support of *(please tick)*

i. the student

☐ yes

☐ no

ii. parent/advocate

☐ yes

☐ no

- |                      |                                       |                             |
|----------------------|---------------------------------------|-----------------------------|
| iii. social services | <input type="checkbox"/> yes          | <input type="checkbox"/> no |
|                      | <input type="checkbox"/> not relevant |                             |
| iv. health authority | <input type="checkbox"/> yes          | <input type="checkbox"/> no |
|                      | <input type="checkbox"/> not relevant |                             |

If no, or not relevant to any of the above, please give reasons

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### Section 8 LEA comments (see note 8)

Please comment further on any relevant aspects of this recommendation

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### Section 9 – Documentation (see note 9)

Please indicate which of the following documents are attached

- |   |                          |
|---|--------------------------|
| i. assessment outcomes  | <input type="checkbox"/> |
| ii. care plan/other relevant social services documentation          | <input type="checkbox"/> |
| iii. careers report   | <input type="checkbox"/> |
| iv. confirmation letter from specialist college                     | <input type="checkbox"/> |
| v. consent letter signed by student and by parent/advocate          | <input type="checkbox"/> |
| vi. medical report ( <i>if relevant</i> )                           | <input type="checkbox"/> |
| vii. psychologist's report  | <input type="checkbox"/> |
| viii. most recent school report                                     | <input type="checkbox"/> |
| ix. sector college consultation                                     | <input type="checkbox"/> |
| x. statement of special educational needs and annual reviews        | <input type="checkbox"/> |
| xi. transition plan   | <input type="checkbox"/> |
| xii. confirmation letter of social services or other agency funding | <input type="checkbox"/> |
| xiii. other ( <i>please list and label</i> )                        | <input type="checkbox"/> |

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**Section 10 LEA support (see note 10)**

**The recommendation should be signed by a senior authorised officer of the LEA**

I confirm that this recommendation has the support of the LEA

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (*please print*)

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

**Please return this form to the regional director of the FEFC regional office. Regional office addresses are at annex B to Circular 99/40.**

# Notes for Completion of Recommendation Form: New Student 2000-01

Please read Circular 99/40 before completing the form, paying particular attention to **annex A** setting out the scope of the Council's legal duties. If you are still unsure about these, please contact your FEFC regional office, details of which are set out in **annex B**. The recommendation form should be used for a student who has not previously been funded by the Council. Please return the form to the relevant regional office.

## Section 1

**1(a)** The referring agency will normally be the student's home LEA. However, Recommendation Form: New Student 2000-01, may be forwarded by a social services department or a careers adviser. The view of the LEA will always be sought, whatever the source of the form, because the Council's arrangements are based on recommendations received from the LEA. Please see also **notes 8 and 10** below.

## Section 2

**2(a)** Please avoid using medical or other labels as a substitute for a full and accurate description.

**2(b)** Please describe the student's learning needs. Please ensure that recent and relevant documentation about the assessment is attached and that the documentation is dated. This might include correspondence/reports from:

- sector colleges
- schools
- psychologists
- social workers
- staff from educational establishments
- careers service
- health authority.

**2(c)** Documentary evidence of the student's current statement or formal cessation must be provided.

## Section 3

**3** Please attach a copy of the student's most recent school/college report, including that of any link programmes. Please indicate reasons for the student leaving the current educational establishment, especially where this is not due to the age range of the establishment. Where the student is currently not at school/college, please describe their current activities, for example, a day centre placement.

## Section 4

**4(a)** Please describe the student's long-term career objectives. These could be further/higher education or employment. In such cases please include details of the course or area of desired employment.

**4(b)** Please indicate what learning the student needs to undertake to achieve this career objective, what courses may be available to facilitate this (including schedule 2 identification) and to which courses this may lead.

**4(c)** It is essential that the student is assessed at a college within the further education sector and that evidence of this is provided, for example, a letter confirming whether the college can offer adequate provision. Referring agencies should note that a college's provision should not be considered inadequate merely on the grounds of the college's course profile.

## Section 5

**5(a)** The principal's name is requested so that initial contact can be made with him/her. An alternative choice college **must** be included and the Council would expect that it is one at which it currently funds students. If an alternative establishment is not given, an explanation must be provided.

**5(b)** Please enclose confirmation of the offer of a place for the student at the recommended specialist college. It is important that accurate start and completion dates are given. Where the alternative specialist college differs significantly (for example, offers day rather than residential provision) please indicate this.

**5(c)** Please ensure that the recommended specialist college includes within the pre-entry assessment report a brief rationale for the matrix cell selection, and the matrix cell selection itself.

**5(d)** Please provide details of sector college provision.

## Section 6

**6(a)** The referring agency is requested to give brief details of the student's support requirements based on the support types outlined in the matrix.

**6(b)** Please indicate the referring agency's assessment of the appropriate matrix cell selection.

## Section 7

**7** In all cases, the fee payable by the Council will be the approved fee for 2000-01 as indicated on the matrix. Where another contribution will meet part of the fee, please indicate the amount and whether this contribution is confirmed or provisional. (See section 7(b) and (c).)

**7(a)** Please provide details of the student's current social security benefits if known (it is not necessary to give the amount received). The Council may expect some benefits to be used to contribute towards the approved gross fee.

**7(b)** Involvement at any level, not only financial, should be recorded. If the student has a care plan please provide a copy. If joint funding has been agreed, please attach documentary evidence, for example, from the student's social worker.

**7(c)** Again, involvement at any level, not simply financial, should be recorded. If joint funding has been agreed, please attach documentary evidence.

**7(d)** Please ensure that if transport is required it is secured before the recommendation is sent. The responsibility for transport does not fall within the Council's duties.

**7(e)** It is essential that the student and his/her parents/advocate have been fully involved in the assessment leading to the recommendation.

## Section 8

**8** The local education authority is invited to comment on any aspect of the recommendation. Comment is particularly important where the recommendation originates from another agency within the local authority (see also note 10).

## Section 9

**9** Please ensure that all supporting documentation is clearly labelled and securely attached. The aim of the recommendation process is to build on the local education authority's existing work with, and knowledge of, the student, and not to require a substantial original assessment. It is therefore anticipated that the majority of these documents will be readily available for the majority of students. It is unlikely that a student will be funded by the Council to attend a specialist college without persuasive supporting documentation. Failure to provide appropriate supporting information is likely to result in a delay in the Council's decision. The Council wishes to ensure that the student and his/her parents/advocate are content for information to be made available to it about his/her educational needs.

## Section 10

**10** The recommendation **will not** be accepted without a signature. The Council expects that recommendations will be signed by a senior member of staff of the local education authority to confirm that:

- the LEA has agreed to another agency assuming the lead role in the recommendation process and is satisfied that the recommendation process is soundly conducted and that it supports the recommendation
- the information on the Recommendation Form New Student is consistent with that held by the LEA and the authority has had the opportunity to consider the extent of the continuing involvement proposed in the recommendation, for example, from social services.

Where a referring agency has not signed the recommendation form because it does not support the recommendation it would be helpful if it clarified the basis for this decision.

**Confidential****THE  
FURTHER  
EDUCATION  
FUNDING  
COUNCIL**

# Recommendation Form: Extension Funding at a Specialist College Outside the Further Education Sector 2000-01

Cheylesmore House  
Quinton Road  
Coventry CV1 2WTTelephone 01203 863000  
Fax 01203 863100**Reference Circular 99/40**

The Council would only expect to receive a request to extend the originally agreed placement:

- for students currently funded by the Council for a period shorter than that originally sought
- where the student has completed their original course of study and wishes to undertake further study
- in very exceptional cases when a student may require a further period to complete a course of study. For example, the student may need to have a longer period to complete their course as a result of illness.

**For completion by the referring agency and specialist college**

Please read Circular 99/40 and refer to the notes at the end of this form before photocopying and completing it. Please complete a form for each student for whom a recommendation is made and return to the regional director of the relevant regional office, listed at **annex B to Circular 99/40**.

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**(Sections 1 and 2 are to be completed by LEA or referring agency)**

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**Section 1 – General details (see note 1)**

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**1(a) Referring agency**Name of agency  
\_\_\_\_\_Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Postcode  
\_\_\_\_\_Contact name  
\_\_\_\_\_Position  
\_\_\_\_\_Tel  
\_\_\_\_\_Fax  
\_\_\_\_\_**1(b) Student details**Name  
\_\_\_\_\_Student's address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Postcode  
\_\_\_\_\_Date of birth  
\_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Name of parent/advocate

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Relationship to student

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Address if different from above

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Postcode

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Tel

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Fax

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**Section 2 – The student’s learning difficulty and/or disability (see note 2)**
**2(a) Description of the student’s learning difficulty and/or disability**


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**2(b) Description of student’s additional support requirements arising from their learning difficulty/disability**

Describe the assessment procedures used to arrive at this recommendation

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**2(c) Statement information**

Has the student been the subject of a statement of special educational need? (*please tick*)

☐ yes

☐ no

If yes, date of statement

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Date of most recent annual review

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Date of final review

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/

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**(Sections 3 to 5 may be completed by the student’s current specialist college)**


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**Section 3 – Specialist college placement (see note 3)****3(a) Original placement**

Start and completion dates of  
original placement

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Achievement/qualifications gained

Placement secured and funded by

**3(b) Course programme  
details for extension**

Does the student have a long-term career/vocational/educational  
objective?

☐ yes

☐ no

If yes, please describe briefly

Start and completion dates of proposed extension

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Programme aim/qualification aim for extension

Please give details of schedule 2 content

**3(c) Provision at a sector college**

Will the student's educational programme be provided solely at the  
specialist college or will all or part of it be provided at a sector college?

If so, which sector college will the student be attending?

What course or programme will the student be following?

How many days each week will the student be attending the sector  
college?



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**Name of sector college contact**


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**Section 4 – (see note 3)**
**4(a) Details of specialist college  
at which extension is sought**

Name

Address

Postcode

Tel

Fax

Principal

**4(b) Fees**

**If the Council agrees to the extension, the placement will be funded at the Council's agreed fee for that college for 2000-01**

Other funding body contributing to the approved fees for the student for fee year 2000-01 (*please name*)

Where another funding body is contributing to the total annual fee please indicate whether this contribution is definite or provisional and whether it has changed from the fee year 1999-2000 (*please tick*)

- ☐ definite  
☐ provisional  
☐ changed

Amount

£

What is the duration of the residence? (No. weeks a year)

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**Section 5 – Student's progress (see note 5)**
**5(a) Background information**

Please provide details of the student's progress to date against his/her original objectives and attach a copy of his/her most recent review. This should include details of progress at a sector college, if relevant.

**5(b) Please summarise the student's needs which led to the original placement**

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**5(c) State the reasons for seeking an extension to the previously agreed placement**

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**5(d) State the learning objectives to be achieved during the period of extension. How will the extension contribute to the student's long-term career/vocational/educational objective described in section 3?**

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**5(e) What alternatives have been considered for the student, other than the extension now sought, at the end of their current placement?**

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**5(f) Which local sector colleges have been consulted about future provision for the student beyond the current placement?**

Do local sector colleges provide the course or programme recommended in 3(a) above, or a similar programme at an equivalent level to that sought at the specialist college?  
(please tick) ☐ yes ☐ no

Which sector colleges have been consulted?

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What were the outcomes of the discussions? Please explain why this provision is not considered adequate

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**(Sections 6 to 9 to be completed by LEA or referring agency)****Section 6 Contributions from other agencies (see note 6)****6(a) Social services**

Has the local authority social services department been involved in this recommendation? *(please tick)*

☐ yes☐ no

Has it been asked to contribute to the cost of the provision? *(please tick)*

☐ yes☐ no

Has it agreed to provide financial or other support for this student? *(please tick)*

☐ yes☐ no

If yes, please state amount of social services department contribution

£

Will this contribution continue throughout the duration of the student's programme? *(please tick)*

☐ yes☐ no

Please describe the nature and level of social services involvement with this student, for example, whether a care plan has been drawn up

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Please state name and address of contact in social services department

Name

Address

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Postcode

Tel

Fax

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**6(b) Benefits**

Is the student currently in receipt of social security benefit(s)? *(please tick)*

☐ yes☐ no

If yes, please identify the benefit(s)

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If the student is not currently in receipt of benefit(s) does the college intend to apply for benefits on behalf of the student once the student has started the course? *(please tick)* ☐ yes ☐ no

If yes, please specify which benefits are to be applied for

### 6(c) Health authority

Has the relevant health authority been involved in this recommendation? *(please tick)*

☐ yes ☐ no

Has the relevant health authority been asked to contribute to the cost of the provision? *(please tick)*

☐ yes ☐ no

Has the relevant health authority agreed to provide financial or other support for this student? *(please tick)*

☐ yes ☐ no

Is the funding confirmed or provisional? *(please tick)*

☐ confirmed  
☐ provisional

If yes, please state amount of health authority's contribution

Please state name and address of contact in health authority

Name

Address

Postcode

Tel

Fax

### 6(d) Transport

Does the recommendation require the LEA to provide transport? *(please tick)*

☐ yes ☐ no

If yes, has the LEA agreed to meet the costs of transport? *(please tick)*

☐ yes ☐ no

If no, describe other arrangements that will apply

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**6(e) Agreement of relevant parties** Please indicate whether the recommendation has the support of:

- |                     |                                       |                             |
|---------------------|---------------------------------------|-----------------------------|
| i. the student      | <input type="checkbox"/> yes          | <input type="checkbox"/> no |
| ii. parent/advocate | <input type="checkbox"/> yes          | <input type="checkbox"/> no |
| iii. LEA            | <input type="checkbox"/> yes          | <input type="checkbox"/> no |
| iv. social services | <input type="checkbox"/> yes          | <input type="checkbox"/> no |
|                     | <input type="checkbox"/> not relevant |                             |
| v. health authority | <input type="checkbox"/> yes          | <input type="checkbox"/> no |
|                     | <input type="checkbox"/> not relevant |                             |

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If no or not relevant to any of the above, please give reasons

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**Section 7 – Documentation (see note 7)**

Please indicate which of the following documents are attached:

- |   |                          |
|---|--------------------------|
| i. care plan/other relevant social services documentation   | <input type="checkbox"/> |
| ii. careers report  | <input type="checkbox"/> |
| iii. consent letter signed by the student and his/her parent/advocate                                       | <input type="checkbox"/> |
| iv. medical report ( <i>if relevant</i> )   | <input type="checkbox"/> |
| v. progress report/review (this should include a progress report from the sector college where appropriate) | <input type="checkbox"/> |
| vi. sector college consultation report  | <input type="checkbox"/> |
| vii. transition plan ( <i>if applicable</i> )   | <input type="checkbox"/> |
| viii. confirmation letter of social services or other agency funding  | <input type="checkbox"/> |
| ix. other ( <i>please list and label</i> )  |                          |

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**Section 8 – LEA comments on (see note 8)**

Please comment further on the degree of progress achieved by the student to date and the relevance of continued attendance or on any relevant aspects of this recommendation

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**Section 9 – Signature (see note 9)**

**The recommendation should be signed by a senior authorised officer of the LEA**

I confirm that this extension request has the support of the LEA

Signature

Name (*please print*)

Position

Date

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please return this form to the regional director of the FEFC regional office. Regional office addresses are at annex B to Circular 99/40.**

# Notes for Completion of Recommendation Form: Extension 2000-01

Please read Circular 99/40 before completing this form. Please pay particular attention to **annex A** setting out the scope of the Council's legal duties. If you are still unsure about these you should contact your FEFC regional office, details of which are set out in **annex B**. The extension form should be used for a student currently funded by the Council except where the student is changing establishment. In this case use the Recommendation Form: New Student (**annex I**). Please return the form to the relevant regional office.

## Section 1

**1** The referring agency will normally be the student's home LEA. Sections 1, 2, 6, 7, 8 and 9 should be completed by the LEA or referring agency. Sections 3, 4 and 5 may be completed by the college. The view of the LEA will always be sought, whatever the source of recommendation, because the Council's arrangements are based on recommendations received from LEAs. Please see also notes 8 and 9.

## Section 2

**2(a)** Please describe the student's learning needs. Please avoid using medical or other labels as a substitute for a full and accurate description of the educational implications of a particular condition or disability.

**2(b)** Please describe the student's additional support requirements which arise from their learning difficulty/disability.

## Section 3

**3(a) and (b)** Please make clear the distinction between the original course of study and the proposed extension in the context of the student's long-term career/vocational/academic objectives. A detailed individual programme showing the courses or modules to be taken should be attached. For details of schedule 2 content, please refer to Circular 99/10. See also note 5(c) and (d).

## Section 4

**4(b)** Please indicate whether other contributors are meeting part of the Council's approved fee and whether the position in respect of other contributions has changed since the fee year 1999-2000. If so, please explain reasons for the change.

## Section 5

**5** This section should be fully completed to provide evidence of the need for the extension.

**5(c) and (d)** The referring agency may wish to make reference to how the extension will enable the student to progress beyond their current placement and why the student cannot achieve their aspirations without the extension now sought.

**5(e) and (f)** Evidence of involvement with statutory bodies will be important to demonstrate that forward planning for support beyond the current placement has taken place. It is important that full consideration has been given to a range of options for the student other than the extension now sought. This should include consultation with sector colleges, probably in the student's home locality. Should the student wish to investigate sector college provision local to the current specialist college, consideration should be given to the student's future accommodation arrangements and related costs.

## Section 6

**6(a) and (b)** Involvement at any level, not simply financial, should be recorded. If joint funding has been agreed, documentary evidence should be attached.

**6(c)** Please provide details of the student's current social security benefits. (It is not necessary to give the amount received.)

**6(d)** Please ensure that if transport is required it is secured before the recommendation is submitted. The responsibility for transport does not fall within the Council's duties.

**6(e)** It is essential that the student and his/her parents/advocate have been fully involved in the work leading up to a request for extended provision.

## **Section 7**

7 Please ensure that all supporting documentation is clearly labelled and securely attached. It is anticipated that the majority of these documents will be readily available for the majority of students. It is unlikely that the Council will fund an extension without persuasive supporting documentation. Failure to provide appropriate supporting information is likely to result in a delay in the Council's decision. The Council wishes to ensure that the student and his/her parents/advocate are content for information to be made available to it about his/her educational needs.

## **Section 8**

8 The local education authority is invited to comment on any relevant aspect of this recommendation.

## **Section 9**

9 Recommendations for an extension will not be accepted without a signature from a senior officer of the local education authority, in particular to confirm that the authority has had the opportunity to consider the extent of the continuing involvement proposed in the recommendation, for example, from social services, and that it supports the recommendation.



## Sector College Assessment Report

This checklist is to help you compile the information the Council would expect to see in a sector college assessment report. The information you return based on this checklist must be signed and dated.

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### Name of college

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### Student details

Student name

---

Date of birth

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

---

Referred by

---



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### Assessment details

Date of assessment

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Where held

---

Carried out by

---

Position

---

Brief description of nature of assessment

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### Learning support needs

How were the learning support needs assessed?

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What was the outcome?

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What facilities are available to provide that support?

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Are support facilities already available?

☐ yes

☐ no

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If not, can they be bought in?

☐ yes

☐ no

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If both educational and support needs can be met, can the college offer a place now? ☐ yes ☐ no

If no, why, and at what point could a place be offered?

---

**Programme**

What is the requested programme?

What is the duration of the programme?

Can the college offer it or a similar programme at equivalent level?

☐ yes ☐ no

Is it appropriate to the ability and aspirations of the student?

☐ yes ☐ no

Does the programme fall within schedule 2? (*where applicable*)

☐ yes ☐ no

---

**Conclusion**

Has the student been offered a place?

☐ yes ☐ no

Start date

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Finish date

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Specialist College Initial Assessment Report

This checklist is to help you compile the information the Council would expect to see in a specialist college initial assessment report. The information you return based on this checklist must be signed and dated.

---

**Name of college**

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**Student details**

Student name

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Date of birth

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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Referred by

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Give details of student's educational history and past achievements

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What are the student's aspirations and educational objectives?

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**Assessment details**

Date of educational assessment

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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Name of person making assessment or contact name

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Brief description of nature of assessment of learning needs

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**Learning support needs**

Assessment of learning support needs and details of how these will be met with specific reference to tuition, independence training, personal care, therapy/counselling and equipment

Appropriate matrix cell selection

Does the student have health and/or social needs?

☐ yes ☐ no

Is the requested placement residential?

☐ yes ☐ no

What evidence is there of the need for a residential placement?

**Programme**

What is the requested programme?

What is the duration of the programme?

Give details of the programme elements identifying schedule 2 content if appropriate

Please attach an outline programme, showing the proportion of time to be spent on each element of the educational programme

Give details of any part of the programme to be provided at a sector college

Which agencies will receive a copy of this assessment?

## Specialist College Review Report

This checklist is to help you compile the information the Council would expect to see in a review report. The information you return based on this checklist must be signed and dated.

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### Name of college

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### Student details

Student name

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Duration of Council-funded placement

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Programme title

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Details of how the student's support needs, outlined in the schedule and purchase order, have been met

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### Review of progress

Is the student following the course identified in the schedule and purchase order?

☐ yes ☐ no

If no, detail the changes and explain them

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If yes, describe the student's achievement against the Council-funded programme, that is, progress to date against objectives and modules or units still to be gained

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List the objectives for the period up to the next review report against which the student's progress can be measured (for example, units or modules, and timescales for completion)

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Give a brief comment on the student's self-assessment of progress and views on progression

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### Student support

Are the student's support requirements, detailed in the schedule and purchase order, adequate to meet their needs? ☐ yes ☐ no

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If no, please detail the changes

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State the appropriate matrix cell selection for the support detailed

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### Future arrangements

Are the original placement objectives likely to be met? ☐ yes ☐ no

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If yes, please list the student's achievements

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If no, will an extension be requested? ☐ yes ☐ no

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If yes, please give reasons for the extension, and list the new objectives

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Please give evidence that sector college provision has been considered

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# Record of Student Achievement and Destination

Reference Circular 99/40

For completion by the specialist college. Please complete a form for each student following their exit interview with the college.

This form should be returned to the regional office within six weeks of the student's leave date.

## THE FURTHER EDUCATION FUNDING COUNCIL

Cheylesmore House  
Quinton Road  
Coventry CV1 2WT

Telephone 01203 863000  
Fax 01203 863100

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**College details**

Name of college

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**Student details**

Student name

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Date of birth

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**Course or programme**

Course or programme title and description

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Pre-entry/course objectives and learning goals

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Start date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Finish date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Did student complete the course?

☐ yes ☐ no

If no please state why

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If partly completed please give details

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### Qualifications

Did the student undertake a course leading to external accreditation/qualification?

☐ yes ☐ no

If yes, please indicate which

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Please outline the student's qualifications. Please indicate only those which were achieved in full. If results have yet to be received, please indicate and forward to the regional office as soon as possible

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**Achievements other than full qualifications**

Did the student achieve the individual learning objectives established for and with him/her? ☐ yes ☐ no

Outline the extent to which the student's individual learning goals have been achieved

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**Final review**

Date of final review \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Destination**

Has the student had access to independent careers advice? ☐ yes ☐ no

If yes, was this the student's home careers service or the college's local careers service? ☐ home ☐ host

Give details of student's destination on completing the course: another course at this college (*please state which*) ☐

FE sector college (*please state which*) ☐

specialist college (*please state which*) ☐

HE institution (*please state which*) ☐

employment (*please give details*) ☐

day care ☐

long-term residential placement ☐

student returning home ☐

other (*please give details*) ☐

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**Signature**

Signature

(Principal/owner/proprietor)

Date

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please return this form, within six weeks of the student's leave date, to the regional director of the FEFC regional office. Regional office addresses are at annex B to Circular 99/40.**

