# A2 – Sharing information with your educator

## Sharing information – Your profile

*This form gives ideas and a starting point for the type of things that you may wish to include. It can be adapted to meet specific establishment and course needs.*

**Please write your details here:**

**NAME: ....................................................................................................**

**COURSE: .................................................................................................**

**START DATE: ..........................................................................................**

This form is to give you some ideas about what information you might like to share about yourself before you start. It will help us to understand you and consider how we can enhance your learning experience.

We have asked some questions that may or may not be relevant to you, so please delete anything that is not appropriate and add in anything that is.

When you have decided what you would like to share, please kindly return the form to us.

If you have already filled in another form or toolkit about yourself and your needs, you can send that to us instead.

There are three sections about:

1. General preparation (student support services)
2. Your specific communication preferences and needs
3. Space to provide more information

## General preparation (student support services)

Use this box to tell us what will help you feel comfortable and prepared. You can come and visit before you start

|  |  |
| --- | --- |
| 1. Have you visited us already? | YES / NO |
| 2. Do you feel you are ready to start? | YES / NO |
| If ‘NO’ please provide some more details: |  |
| ................................................................................................................ |  |
| ................................................................................................................ |  |
| 3. Have you given thought to disclosure of autism to your teaching staff? | YES / NO |
| If ‘YES’, please provide some more details: |  |
| ................................................................................................................ |  |
| ................................................................................................................ |  |
| 4. Do you want to authorise a named person for us to communicate with about you if necessary? | YES / NO |
| If ‘YES’, please provide details about your named person: |  |
| Name: .................................... Relationship: .................................... |  |
| Contact details: ................................................................................... |  |
| 5. Do you need/have one-to-one support during classes? | YES / NO |
| If ‘YES’, please provide some more details: |  |
| ................................................................................................................ |  |
| ................................................................................................................ |  |
| 6. Do you need quiet spaces? | YES / NO |
| 7. Would you like to have a student mentor (these are volunteer students with an interest in supporting an autistic student)? | YES / NO |
| 8. Do you have any specific learning difficulties? | YES / NO |
| If ‘YES’, please provide some more details: |  |
| ................................................................................................................ |  |
| ................................................................................................................ |  |
| 9. How will you let us know if you are experiencing any difficulties? |  |
| ................................................................................................................ |  |
| ................................................................................................................ |  |

## Your communication needs

Use this box to tell us about your communication preferences and needs, and any sensory sensitivities that you have.

|  |  |
| --- | --- |
| 1. Do you prefer to sit in any particular place in a room? | YES / NO |
| If ‘YES’, please provide some more details: |  |
| ................................................................................................................ |  |
| ................................................................................................................ |  |
| 2. Do you need extra time to process information? | YES / NO |
| If ‘YES’, what helps? |  |
| ................................................................................................................ |  |
| ................................................................................................................ |  |
| 3. Are you comfortable with group work and presenting? | YES / NO |
| If ‘NO’, what helps? |  |
| ................................................................................................................ |  |
| ................................................................................................................ |  |
| 4. Do you have any sensory sensitivities? | YES / NO |
| If ‘YES’, please provide some more details: |  |
| ................................................................................................................ |  |
| ................................................................................................................ |  |
| How will we know if you are anxious or uncomfortable? |  |
| ................................................................................................................ |  |
| ................................................................................................................ |  |
| 5. Do you have any personal strategies to ease anxiety that we should know about? | YES / NO |
| If ‘YES’, please provide some more details: |  |
| ................................................................................................................ |  |
| ................................................................................................................ |  |

## If there is anything else that you would like to tell us, please write it here

Thank you for answering these questions. Please return the form to us here:

**Email:......................................................................................................**

**Address: .................................................................................................**

If you have any questions, please contact:

**Name: .....................................................................................................**

**Email: .....................................................................................................**

**Tel (hours): .............................................................................................**