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| **Student Name** **(tutor group)** | **Student Passport** | **School name** |
| D.O.B.  | **PHOTOGRAPH** |
| Year | Date of Passport:  |
| **Access Arrangements** | **I would like you to know that:*** I have a bi lateral xxxx hearing loss,
* I wear two hearing aids
* I use an FM system
* I need time to process and think about what is said to me

**This means that:*** I struggle to hear speech without my hearing aids
* When I use my hearing aids I can hear well
* When you use the FM system I can hear you clearly
* I sometimes need what is said repeating or rephrasing before I understand
 |  **I find it difficult to:*** Hear when there is lots of background noise
* Hear when there is lots of background noise
* Hear what other people in my class say
* Hear in assembly when it is noisy
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| **It would help me if you could:*** Check my hearing aids and FM system is working everyday
* Use the FM system
* Repeat what other pupils have said
* Give me plenty of thinking time
* Use my task management board to help me tackle tasks
* Write new/important information on the board
 | * Keep background noise to a minimum
* Sit me near the front of the class
* Indicate who is talking
* Place the transmitter in the middle of the group when doing group work so I can hear everyone
* Check that I have understood information or instructions by asking me to repeat it back to you
* Make sure the classroom is well lit
* Make sure I can see your face when you are talking
 | **I will help myself by:*** Handing the FM system to my teachers
* Tracking who is talking
* Asking for clarification from my teachers or peers if I think I might have missed anything
* Report any faults with my hearing aids of FM system
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| **Additional Support I receive** |  | **People who are important to me in school and know me well:** |