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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 |
|  |
| **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 | |
| **Additional Support I receive** | | |  | **People who are important to me in school and know me well:** | | |