**REGISTRATION FORM AND LEARNER SUCCESS PLAN**

**(CONFIDENTIAL)**

Manukau Institute of Technology Limited (MIT) is part of Te Pūkenga - New Zealand Institute of Skills and Technology.

As a part of Te Pūkenga, we are committed to supporting the participation of students with disabilities. This plan will outline reasonable accommodations for the student during their studies. This plan will be reviewed as per dates stated in the review section below, to ensure continuity of service.

**Seen By (STAFF): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_ /\_\_\_\_ /\_\_\_\_**

**STUDENT DETAILS (please type or print)**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you registered with the DSS before? **YES** [ ]  **NO** [ ]

If yes, please write your first year of registration with DSS: \_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency, do you require assistance to evacuate the building?

**YES** [ ]  **NO** [ ]

To be eligible for support services while at Te Pūkenga, it is essential that **you include supporting documentation** from a doctor, therapist, or other appropriate professional with this application.

This must describe:

1. The disability or medical condition.
2. The impact this has on your study.
3. The equipment and/or support services you are applying for.
4. Whether your condition is permanent, temporary, or fluctuating.

Does DSS have your disability documentation? **YES** [ ]  **NO** [ ]

Date received: \_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_

Support services cannot be provided **without the required documentation**. Implementation of support services will be based on a range of factors which will be discussed with the Disability team directly.

Is the support you require[ ]  **Permanent OR** [ ]  **Temporary**

Please indicate the area(s) which best describes your impairment:

|  |  |  |
| --- | --- | --- |
| [ ]  **Autism Spectrum Disorder** | [ ]  **Intellectual/Cognitive** | [ ]  **Psychological/Mental Health** |
| [ ]  **Blind** | [ ]  **Medical Condition** | [ ]  **Specific Learning \_\_\_\_\_\_\_\_\_\_\_** |
| [ ]  **Deaf** | [ ]  **Neurodiverse \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | [ ]  **Speech** |
| [ ]  **Hard of Hearing** | [ ]  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | [ ]  **Temporary** |
| [ ]  **Head Injury** | [ ]  **Physical/Mobility** | [ ]  **Vision Impaired** |

Further detail if needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Support Required (please type or print)** |

**Course Information: (Please attach your timetable if you already have a copy)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course Code** | **Course Title** | **Start Date** | **Finish Date** | **Lecturer** | **Campus & Room** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Reasonable accommodation (please tick):**

|  |  |  |
| --- | --- | --- |
| [ ]  **Accessible classrooms** | [ ]  **NZSL Interpreter** | **Meeting with DSS Advisor** |
| [ ]  **Alternative exam arrangements** | [ ]  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | [ ]  **Weekly** |
| [ ]  **Equipment / Device Loan** | [ ]  **Reader / Writer – tests/exams** | [ ]  **Fortnightly** |
| [ ]  **Limited Full-time study** | [ ]  **Resting room (NP101)** | [ ]  **Monthly** |
| [ ]  **Note-Taker** | [ ]  **Swipe card Access \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | [ ]  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Referred to (please tick):**

|  |  |  |
| --- | --- | --- |
| [ ]  **Academic Assistance** | [ ]  **Inform lecturer/s** | [ ]  **PASS** |
| [ ]  **AskMe Team** | [ ]  **Learning Advisors** | [ ]  **Student Advisors** |
| [ ]  **Counselling services** | [ ]  **Library Services** |  |
| [ ]  **External agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | [ ]  **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |

Further detail if needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SWOT Analysis (student to complete)** |
| **STRENGTHS:** What do you do well? | **WEAKNESSES:** What do you need support with?  |
|  |  |
| **OPPORTUNITIES:** How can we turn strengths into opportunities? | **THREATS:** What would stop you from achieving your goal? |
|  |  |
|  |  |
| **How does your impairment impact your study?** |  | **What are your academic goals?** |
|  |  |  |
|  |  |  |
| **What are inclusive teaching strategies?** |  | **What are reasonable accommodations DSS can provide?** |
|  |  |  |
|  |  |  |
| **Students’ strategies for success in studying?** |  | **Other comments** |
|  |  |  |

|  |
| --- |
| **Review dates and comments** |
| **Date** | **Comment** | **Initials** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**CONSENT AGREEMENT**

To best meet your needs, it may be necessary to liaise with other staff at Manukau Institute of Technology Limited from time to time. **Consent from you is required to allow Disability Service staff to share your health and disability related information with staff who need to know.** It is important that you complete the following (note by typing your name this is accepted as your signature):

*(Student to print their name)* **I** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give consent to the Disability Support Service, to authorize the obtaining of information from, and provision of relevant information about myself to, Manukau Institute of Technology Limited staff or Community Services for the purposes of identifying and/or supporting any disability related needs that may impact on my study programme. I understand that all such information shall be used in the strictest confidence. However, it is also understood that disclosure could occur in instances where we may be legally required to make disclosure.

**Your Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_