**Evidence checklist**

This form is designed to help providers check they have all the correct evidence in place before making an application.

|  |  |
| --- | --- |
| Centre number | Provider name |
|  |  |
| ULN | Apprentice name | EPA |
|  |  |  |

# 25% extra time

## Part 1 – evidence of need

### Evidence for learning difficulties (including dyslexia)

One of the following is required:

|  |  |
| --- | --- |
| Education, Health and Care Plan1 |  |
| Fully completed JCQ Form 8 with an assessment (Part 2 of Form 8) carried out by an assessor2 confirming a learning difficulty  |  |
| Educational Psychologist report |  |
| Diagnostic report, carried out by an assessor2 confirming a learning difficulty, and detailing any difficulties with reading, writing and/or cognitive processing |  |

### Evidence for

* Autistic Spectrum Disorder (ASD)
* Sensory and/or physical needs (HI, MSI, PD, VI)
* Social, emotional and mental health needs (e.g. ADHD)
* Speech, Language and Communication Needs (SLCN)

One of the following is required:

|  |  |
| --- | --- |
| Education, Health and Care Plan1 |  |
| A letter/report from mental health services, a psychologist, a medical consultant, a psychiatrist or a Speech and Language Therapist (SaLT) |  |
| A letter/report from the Local Authority Specialist Service, Local Authority Sensory Impairment Service or Occupational Health Service |  |

Check it meet the following requirements:

|  |  |
| --- | --- |
| Evidence confirms the diagnosis / disability  |  |
| Reflects the apprentice’s current needs |  |

## Part 2 – normal way of working

A note/form covering all of the following are required:

|  |  |
| --- | --- |
| Confirm that 25% extra time is the apprentice’s normal way of working |  |
| Persistent and significant difficulties, and how these substantially impact on teaching and learning. |  |
| Details of support and adjustments that are in place in the classroom, tests and examinations, or in the workplace |  |

|  |  |
| --- | --- |
| Evidence for both part 1 and part 2 provided |  |

# Reader

**Either one of the following:**

|  |  |
| --- | --- |
| Education, Health and Care Plan1 |  |
| A note/form covering the nature of the candidate’s impairment |  |

**And**

A note/form covering both of the following:

|  |  |
| --- | --- |
| Confirming that the use of a reader/computer reader reflects the candidate’s normal and current way of working with the provider or in the workplace |  |

**Notes**

1. Education Health and Care plans are for England only. The equivalent for Wales (Individual Development Plan) or Northern Ireland (Statement of Special Educational Needs) can be used instead.
2. Assessor here means either a qualified psychologist, a specialist assessor with a current SpLD Assessment Practising Certificate or an access arrangements assessor with a relevant level 7 qualification.