**Accessibility Advice Request Form **

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **School:** | |  | | | | | |
| **When is adaptation Required:** | |  | | | | | |
| **Occupational Therapist involved** | | **Yes** | |  | | **No** |  |
| **Physiotherapy involved** | | **Yes** | |  | | **No** |  |
| **Accessibility issue requiring consideration:** | | | | | | | |
|  | | | | | | | |
| **Reasonable adjustments considered:** | | | | | | | |
|  | | | | | | | |
| **Signed:** |  | | | | **Date:** | |  |
| **Role:** |  | | | | | | |
| **School accessibility self-assessment attached:** | | |  | | | | |
| **Return to:**  **Learner Support, Ty Trevthick, CF45 4UQ**  [**A&IService@rctcbc.gov.uk**](mailto:A&IService@rctcbc.gov.uk) | | | | | | | |