**Accessibility Advice Request Form **

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| **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** |