**SCHEDULE B: STUDENT SUPPORT PLAN (INTERVENTION)**

Approved by Dean of Academic Programs: 26 July 2024

**Procedure**

1. Student completes Part A: Student Application for Support.

2. Student attaches supporting documentation.

3. Student completes Part A in consultation with their Academic Dean or lecturer.

4. Academic Dean completes Part B: Approved Plan, after consultation (if required, including appropriate disability or inclusion consultation where applicable)

5. The Academic Dean informs the student of recommended adjustments.

6. The Academic Dean sends a completed Student Support Plan to the Office of the Vice-Chancellor at academicservices@divinity.edu.au

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| **Part A: Student Application for Support***To be completed by the Academic Dean or Lecturer in consultation with the student*  |
| Student Id:       |
| Family Name:        | Given Names:       |
| Phone:       | Email:       |
| College/School:       | Course:        | Year Level:        |
| **Details of Application***The student is asked to describe the issue that impacts the ability to study.* *Documentary evidence is provided (if applicable).* |
|        |
| **Part B: Approved Plan** *Academic Dean to complete, after consultation*  |
| **Support to be provided (as agreed by the student)***List adjustments, if any, to be made for the student, such as recordings of lectures, extra time for examinations or assignments, modifications to assignment requirements, etc.* |
| [ ]  | Recordings of lectures |
| [ ]  | Extra time for examinations or assignments |
| [ ]  | Modifications to assignment requirements |
| [ ]  | Learning skills such as time management, exam preparation, academic integrity, etc |
| [ ]  | Extra Tutorials such as English Support |
| [ ]  | Advising and supporting students to improve class attendance |
| [ ]  | Amending the study plan or changing courses |
| [ ]  | Regular meetings with the Academic Dean or Lecturer(s) |
| [ ]  | Apply for Underload  |
| [ ]  | Other, please specify        |
| The University is committed to making reasonable adjustments to usual policy or practice to meet the needs of a student, without compromising the academic standards of a unit or course or the learning and participation of other students. |
| Student Signature:       Date:    /    /      |
| Academic Dean Signature:       Date:    /    /      |
| Lecturers Advised:       |
| Review Date:    /    /      |
| **Part C: Notification of Recommended Student Support***Academic Dean to complete and supply to the lecturer of each unit in which the student is enrolled.* |
| Student Id:       |
| Family Name:        | Given Names:       |
| This student has supplied evidence of conditions that may have the following consequences on his or her learning: |
|       |
|       |
|       |
| The University is committed to making reasonable adjustments to usual policy or practice to meet the needs of a student with a disability, without compromising the academic standards of a unit or course or the learning and participation of other students. The following adjustments are recommended: |
|       |
|       |
|       |
| Academic Dean Signature:       Date:    /    /      |

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| **Other Notes**  |
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