**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](mailto: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).* | | | | |
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| **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: | | | | |
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| 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: | | | | |
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| Academic Dean Signature:       Date:    /    / | | | | |

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| **Other Notes** |
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