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**Education, Health, and Care Team**

**Reasonable adjustments passport**

*CONFIDENTIAL*

The purpose of the Reasonable Adjustments Passport (RAP) is to capture all adjustment requirements of EHC Team service users whether it be physical or non-physical. The aim is to minimise the need to re-negotiate adjustments every time a service user moves between phases or is assigned a new coordinator.

This document belongs to the service user, and it is their responsibility to keep it updated and inform the EHC Team of any relevant changes. The EHC Team should also retain a copy separately to the Hub which should be revisited and reviewed at point of the child’s annual review.

|  |  |
| --- | --- |
| **Section 1** | |
| **Name:**  **Child/Children:** | **Date adjustments/requirements identified:**  **Date adjustments/requirements agreed and implemented:** |
| **Section 2: To be completed by service user requiring adjustments**  Details of adjustments/individual requirements | |
| **My reasonable adjustment / condition/s is:**  **How this may affect me / my communication** |  |
| **Area(s) where adjustment(s) would be of benefit to you e.g. communicating directly with you via telephone/email** |  |
| **Adjustments Required e.g. physical, non-physical** (physical could be specific equipment such as hearing loop, translator; non-physical such as additional time allocated to key meetings such as annual review meetings e.g. starting later/earlier; accommodating regular appointments on specific days) |  |
| **How the adjustments will help** (what difference will the adjustments make in enabling you to fully participate in your child’s EHC process in the same way as non-disabled service users.) |  |
| **(Optional) Any further details that will assist your EHC coordinator to understand your health condition can be included here.** |  |
| **Section 3 To be completed by EHC Coordinator**  This section deals with related adjustments associated with your current job as agreed with your EHC Coordinator. | |
| **EHC Coordinator Name:** | **Date adjustments agreed:** |
| **Agreed adjustment/s:** | **Details:** |
| Other |  |
| **Not agreed adjustments**  (Explain if an adjustment was not agreed, reason for non-approval, and person/s making decision) | |
| Manager signature: |  |

**The following table is used to keep a written record of when the Passport is reviewed and/or amended.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Review date**  (DD/MM/YYYY) | **Amendments made** | **Reason for amendment** | **Service User signature** | **EHC Coordinator signature** |
|  |  |  |  |  |
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