# Reasonable Adjustments Placement Plan (RAPP)

**Student Name:** [Student's Full Name] **Student Number:** [Student's Number]

**Course:** [Name of Course, e.g., Bachelor of Nursing]

**Type of Placement:** [Type of Placement, e.g., Medical Ward, Mental Health Clinic, Pediatric Unit]

**Diagnoses:** [SpLD, Autism, Mental Health, Mobility, Longstanding Illness, Visual Impairment, Hearing Impairment]

|  |  |  |  |
| --- | --- | --- | --- |
| **Challenges** | **Planning for Placement** | **During Placement** | **Post Placement** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |