

Full Name of Child	
	(Block Capitals)
Date of Birth: (dd/mm/yyyy	
Entrance Assessment Centre	

Carefully read the document, "Claiming Special Circumstances – A Guide for Parents and Guardians" before completing the sections below.

SECTION A

Please give a detailed explanation of the special circumstances which you are claiming for your child and the impact on the child in relation to their performance in the Entrance Assessment taken at the above-named Entrance Assessment Centre:

 Please continue on a separate sheet, if necessary

In support of your claim for Special Circumstances, please provide the following information relating to standardised test results available from your child's primary school which you are entitled to receive under the Education (Pupils Records & Reporting) (Transitional) Regulations (NI) 2009, the Freedom of Information Act and the Data Protection Act:

Year	Test taken	Name of Standardised Test	Date Tested	Standardised Score
Primary 5	English/Literacy:			
	Maths/Numeracy:			
	Other:			
	Other:			
Primary 6	English/Literacy:			
	Maths/Numeracy:			
	Other:			
	Other:			
Primary 7	English/Literacy:			
	Maths/Numeracy:			
	Other:			
	Other:			

In support of your claim for Special Circumstances, please provide any other standardised results which are available from your child's primary school or from specialist educational reports which are not included in the table above:

If you have provided standardised test results above, please note that a signature is required to authenticate this educational data. This signature authenticates the educational data only - it does not signify any support or comment on the other information provided.

Signature of Principal:		Date:
Name of Principal:		
	(BLOCK CAPITALS)	
Name of Primary School:		
	(BLOCK CAPITALS)	
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SECTION C

It may assist this application if you were to supply, **where available**, as much as possible of the data for the other pupils in your child's class. **No names should be provided, except for that of the child named above.**

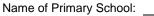
Please complete the table below. Some schools may find it more convenient to provide information in the table as a printout from a spreadsheet or other program. A signature is required to authenticate the educational data only – it does not signify any support or comment on the other information provided.

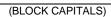
not signify any support or comment on the other information provided. Standardised Test Scores										
Pupil	P5 Maths/ Numeracy	P5 English/ Literacy	P6 Maths/ Numeracy	P6 English/ Literacy	P7 Maths/ Numeracy	P7 English/ Literacy	Other (please specify)	Other (please specify)	Other (please specify)	SEAG Total SAS
Pupil 1										
Pupil 2										
Pupil 3										
Pupil 4										
Pupil 5										
Pupil 6										
Pupil 7										
Pupil 8										
Pupil 9										
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Signature of Principal: _____ Date: ____

Name of Principal:

(BLOCK CAPITALS)





Claim for Special Circumstances – SC Form



SECTION D

Access Arrangements

In order to assess a claim for Special Circumstances, Boards of Governors will wish to know about any Access Arrangements that were approved by SEAG and implemented during the Entrance Assessments.

Did your child have Access Arrangements approved by SEAG? (YES/NO)* please delete as applicable

If NO, go to Section E.

If YES, please tick to indicate what Access Arrangements were in place for your child and provide details where appropriate.

ACCESS ARRANGEMENT	Tick	Details where appropriate
Extra time		
Enlarged A3 paper		
Coloured overlay		
 Invigilator to prompt 		
 Individual prompter 		
 Supervised rest breaks 		
Smaller group invigilation		
Coloured overlays		
Scribe		
Computer examination read	er	
pen		
Bilingual dictionary		
Accommodation suited to a		
child with limited mobility		
Physical Support Item		
Other (please specify)		

SECTION E

Parental/Guardian Declaration

Please complete the declaration below:

I have read and understood the information provided in the "Claiming Special Circumstances - A Guide for Parents & Guardians" provided with this form. The information that I have provided on this form and attached to it is correct and has been appropriately verified. I accept that the provision of false or incorrect information will result in either the withdrawal of a place or the inability of a school to offer a place to my child.

Date: Parent/Guardian signature:

Name of Parent/Guardian:

(BLOCK CAPITALS)

