Claim for Special Circumstances (SC Form)

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| --- |
| **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

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| **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:** |
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| Please continue on a separate sheet, if necessary |

**SECTION B**

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:

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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.

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

# 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.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **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 |  |  |  |  |  |  |  |  |  |  |
| Pupil 10 |  |  |  |  |  |  |  |  |  |  |
| Pupil 11 |  |  |  |  |  |  |  |  |  |  |
| Pupil 12 |  |  |  |  |  |  |  |  |  |  |
| Pupil 13 |  |  |  |  |  |  |  |  |  |  |
| Pupil 14 |  |  |  |  |  |  |  |  |  |  |
| Pupil 15 |  |  |  |  |  |  |  |  |  |  |
| Pupil 16 |  |  |  |  |  |  |  |  |  |  |
| Pupil 17 |  |  |  |  |  |  |  |  |  |  |
| Pupil 18 |  |  |  |  |  |  |  |  |  |  |
| Pupil 19 |  |  |  |  |  |  |  |  |  |  |
| Pupil 20 |  |  |  |  |  |  |  |  |  |  |
| Pupil 21 |  |  |  |  |  |  |  |  |  |  |
| Pupil 22 |  |  |  |  |  |  |  |  |  |  |
| Pupil 23 |  |  |  |  |  |  |  |  |  |  |
| Pupil 24 |  |  |  |  |  |  |  |  |  |  |
| Pupil 25 |  |  |  |  |  |  |  |  |  |  |
| Pupil 26 |  |  |  |  |  |  |  |  |  |  |
| Pupil 27 |  |  |  |  |  |  |  |  |  |  |
| Pupil 28 |  |  |  |  |  |  |  |  |  |  |
| Pupil 29 |  |  |  |  |  |  |  |  |  |  |
| Pupil 30 |  |  |  |  |  |  |  |  |  |  |

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

# 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 reader pen |  |  |
| * Bilingual dictionary |  |  |
| * Accommodation suited to a child with limited mobility |  |  |
| * Physical Support Item |  |  |
| * Other (please specify) |  |  |

# SECTION E

**Parental/Guardian Declaration**

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| **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. | |
| Parent/Guardian signature: | Date: |
| Name of Parent/Guardian: |  |
| (BLOCK CAPITALS) |  |