

ACCESS ARRANGEMENTS (SPECIAL EDUCATIONAL NEEDS)

AA3

Child's Name: _____

Date of Birth _____

To be completed by a suitable qualified practitioner (see Access Arrangements & Special Circumstances policy for suitable persons):

Have you assessed the child:

Yes:

No:

Date of assessment: _____

Please outline the special education needs that you consider will impair the performance of this child in his/her entrance assessment:

When were these special education needs first identified? _____

When were these special education needs last assessed? _____

In your opinion, given the special education needs that you have outlined above, how can the Assessment Centre best support this child?

Do you consent to the information provided on this form being forwarded to the relevant Assessment Centre along with a request for access arrangements to be made?

Yes:

No:

I am satisfied that the information provided on this form is accurate and that all required original documentation (test results and/or reports) is enclosed.

Name : (Please print) _____

Occupation: _____

Qualifications: _____

Organisation: _____

Signature: _____

Date: _____

To be completed by the parent/guardian: _____

Parent/Guardian Name: (Please print) _____

Signature: _____

Practitioner/Organisation
official stamp:
(If available)