

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)

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.

Pupil	Standardised Test Scores									SEAG Total SAS
	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)	
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										
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Pupil 23										
Pupil 24										
Pupil 25										
Pupil 26										
Pupil 27										
Pupil 28										
Pupil 29										
Pupil 30										

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

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)