# Claim for Special Circumstances (SC Form)

Full Name of Child:	(Block Capitals)
Date of Birth: (dd/mm/yyyy)	
Entrance Assessment Centre:	
Carefully read the document, "Claiming Special Circumstances – A Gui completing the sections below.	de for Parents and Guardians" before
SECTION A	
Please give a detailed explanation of the special circumstances whic impact on the child in relation to their performance in the Entrance A Assessment Centre:	
	Please continue on a senarate 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:			
	Othorn			
n support o available fro above:	Other: of your claim for Speom your child's prin	ecial Circumstances, please provide any of nary school or from specialist educational	ther standardised res reports which are no	sults which are t included in the tat
available fro	of your claim for Spe	ecial Circumstances, please provide any of nary school or from specialist educational	ther standardised res reports which are no	sults which are t included in the tak
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f you have peducational of the other info	or your claim for Spom your child's prime or child's prime or child's prime or child's prime or child signature or child signat	d test results above, please note that a signatual thenticates the educational data only - it do	ure is required to auther es not signify any sup	enticate this

## **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.

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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										
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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		
<ul> <li>Enlarged A3 paper</li> </ul>		
<ul> <li>Coloured overlay</li> </ul>		
<ul> <li>Invigilator to prompt</li> </ul>		
<ul> <li>Individual prompter</li> </ul>		
<ul> <li>Supervised rest breaks</li> </ul>		
<ul> <li>Smaller group invigilation</li> </ul>		
<ul> <li>Coloured overlays</li> </ul>		
Scribe		
<ul> <li>Computer examination reader</li> </ul>		
pen		
<ul> <li>Bilingual dictionary</li> </ul>		
<ul> <li>Accommodation suited to a</li> </ul>		
child with limited mobility		
<ul> <li>Physical Support Item</li> </ul>		
<ul> <li>Other (please specify)</li> </ul>		

# **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)	-