



Please identify any particular arrangements which you feel are necessary to assist your child in taking the Entrance Assessment.

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Does your child have any Special Dietary or Medical Requirements (e.g does your child have a food allergy? Is your child on medication that is required to be taken within the period of the assessment?)

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Is there a Special Educational Needs assessment of your child in progress? Please tick:

Yes

No

What stage of Special Educational Needs assessment is currently in place for your child?

Stage :            1            2            3            4            5            Please circle the appropriate stage

**NOTE**

**Please note that you will be contacted for further information required and for written verifying evidence of any details included in this document. Such evidence must be submitted in order for any special arrangements to be provided.**

I certify that the information I have given on this sheet is accurate and agree to provide full written verification of such details from medical and/or educational authorities as required by the post-primary school .

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

FOR CENTRE USE ONLY

Parents Contacted: \_\_\_\_\_ Documentary Evidence Provided: \_\_\_\_\_

Arrangements Agreed: \_\_\_\_\_  
\_\_\_\_\_  
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