

# 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:

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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?

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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)