Claim for Special Circumstances (SC Form)

Part 1

Full Name of Child: _____
(Block Capitals)

Date of Birth: (dd/mm/yyyy) _____

Entrance Assessment Centre: _____

Carefully read the document, "**Claiming Special Circumstances – A Guide for Parents and Guardians**" before completing the sections below.

SECTION A – Basis of Claim for Special Circumstances

Please give a detailed explanation of the special circumstances which you are claiming for your child and the impact on the child in relation to his/her performance in the Entrance Assessment taken at the above-named Entrance Assessment Centre:

Please continue on a separate sheet, if necessary

In addition to completing this Special Circumstances Form, you should provide a letter or letters from your child's GP or Medical Consultant or another appropriate professional(s) indicating the nature of the medical or other problems which occurred before or during the Entrance Assessment.

SECTION B – 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 C.

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
• Accommodation suited to a child with limited mobility		
• Bilingual dictionary		
• Coloured overlays		
• Electronic Examination / Reader Pen		
• Enlarged (A3) Test Papers		
• Enlarged (A3) Answer Sheets		
• Extra Time (With Break)		
• Extra Time (Without Break)		
• Individual prompter		
• Invigilator to prompt		
• Medical Needs - adjustments		
• Physical Support Item		
• Reading Ruler		
• Scribe		
• Sign Language Interpreter		
• Smaller group Invigilation		
• Other (please specify)		

SECTION C – Parent/Guardian Declaration

Please complete the declaration below:

- I have read and understood the information provided in the document "Claiming Special Circumstances – A Guide for Parents & Guardians" and in the Admissions Criteria of the schools that I have listed on the Transfer Application relating to Special Circumstances.
- I have attached all of the relevant documents from my child's primary school and other relevant sources to support and verify my application for Special Circumstances and all other documentary evidence in support of this application, **including the Educational Evidence 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 may result in either the withdrawal of a place or the inability of a school to offer a place to my child.
- I agree that the information I have provided may be shared with other schools using the SEAG Entrance Assessment.
- I agree that the report of any further assessment of my child's ability carried out in any school may be shared with other schools using the SEAG Entrance Assessment.

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____ (BLOCK CAPITALS)

This Claim for Special Circumstances and the Educational Evidence (pages 3 and 4, signed by the Principal of the applicant's current primary school) must be uploaded with the Transfer Application via the Education Authority application process. (Claiming Special Circumstances - A Guide for Parents & Guardians)

PART 2

Educational Evidence

1 – Standardised test results

In support of your claim for Special Circumstances, if your child has standardised test results available from their primary school please set them out below. You are entitled to receive this data 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/Gaeilge / Literacy:			
	Maths/Numeracy:			
	Other:			
	Other:			
Primary 6	English/Gaeilge / Literacy:			
	Maths/Numeracy:			
	Other:			
	Other:			
Primary 7	English/Gaeilge / 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:

A signature is required only for authentication of the educational data – 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)

2 – Comparative Educational Evidence

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.

	Standardised Test Scores (English or Gaeilge / Maths)									
Pupil	P5 English/ Gaeilge /Literacy	P5 Maths/ Numeracy	P6 English/ Gaeilge /Literacy	P6 Maths/ Numeracy	P7 English/ Gaeilge /Literacy	P7 Maths/ Numeracy	Other (please specify)	Other (please specify)	Other (please specify)	SEAG Total SAS
Pupil 1										
Pupil 2										
Pupil 3										
Pupil 4										
Pupil 5										
Pupil 6										
Pupil 7										
Pupil 8										
Pupil 9										
Pupil 10										
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Pupil 25										
Pupil 26										
Pupil 27										
Pupil 28										
Pupil 29										
Pupil 30										

A signature is required only for authentication of the educational data – 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)