

11+ Test - Special Testing Arrangements

Supplementary information for candidates requesting assistance due to special educational needs, learning difficulties and/or medical issues.

Section A must be completed by the child's parent/carer

Section B must be completed by the child's current Class teacher, Head teacher or SENCo

The declaration must be signed and dated by **both** contributors (parent/carer and school representative)

SECTION A

Child's Surname		Date of Birth	
Child's Forename		Gender	

Current School Name	
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Home Address	
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Email address	
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Daytime telephone No.		Mobile telephone No.	
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Parent/Carer's Name		Title	
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What is your child's Special Need/Learning Disability/Medical Issue? (Please list all that apply)	
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Does your child have a Statement of Special Educational Needs or an Education Health and Care Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have confirmation from a medical professional to support your child's diagnosis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any other evidence from a professional to support your child's diagnosis? (eg: An Educational Psychologist assessment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please Note: If you have answered 'YES' then a copy of the your child's statement, EHC Plan, confirmation of diagnosis and/or other professional evidence **must** be submitted with this form. If no evidence is submitted then your child's specific needs cannot be taken into consideration and they will therefore sit the 11+ test under normal test conditions.

What assistance do you believe your child will require during the 11+ test? (please tick all that apply) <i>Please Note: Only access arrangements which are supported by professional/medical evidence will be approved.</i>	Extra time <i>(25% standard allowance)</i>	Rest breaks <i>(eg: 2-3 minutes per break)</i>
	Smaller testing session <i>(eg. maximum of 5 candidates)</i>	Individual testing session
	Coloured test papers and answer sheet <i>(please specify colour and shade in 'Other' box)</i>	Grayscale test papers and answer sheets
	Test papers in Braille	Enlarged print <i>(enlarged print size = 18 point)</i>
	Other:	

SECTION B (to be completed by the child's current school)

Current School Name

What is the child's Special Need/Learning Disability/Medical Issue?
(Please list all that apply)

Does the child have a Statement of Special Educational Needs or an Education Health and Care Plan?

Yes No

Does the child receive additional support in school due to special educational needs and/or medical issues?

Yes No

Is the child supported in school by a TA, IDS, CAMHS, etc?

Yes No

Please Note: If you have answered 'YES' then evidence of this must be submitted with this form. If no evidence is submitted then the child's specific needs may not be taken into consideration and they may therefore have to sit the 11+ test under normal test conditions.

What assistance does the child regularly receive in school, especially during test/assessment situations?

(please list all that apply)

Please Note: Only access arrangements which are supported by professional/medical evidence and/or the child's current school will be approved for them during the 11+ testing.

Does the child speak English as an Additional Language?

Yes No

If 'YES', please identify languages spoken by the child, other than English, and the length of time the child has resided in the UK.

Other Languages Spoken:

Length of time in the UK:

I confirm that the information I have provided is true and correct to the best of my knowledge. I confirm that I have submitted all relevant supporting evidence so that this child's needs can be considered appropriately for support during the Warwickshire 11+ testing for 2020 entry. I understand that I may be contacted further if additional information is required to support this submission.

Parent/Carer Signature

Date

School Representative Signature

Date

Name

Job Title