The Access Arrangements Policy is available by downloading it from www.pptcni.com (in the “Information for Parents” section) or from any of the PPTC Assessment Centres. Parents considering an application for access arrangements are advised to read the Policy in full before completing the sheet below.

If your child has any special educational needs, disabilities or other factors for consideration which might require reasonable adjustments to be made to the access arrangements for the assessment, please describe these below.

What is the nature of your child’s special educational need or disability? (Please describe as fully as possible.)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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Please outline the arrangements currently in operation in your child’s primary school to cater for this educational need or disability?

__________________________________________________________________________
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__________________________________________________________________________
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:  

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________