



# INDIVIDUAL NEEDS DECLARATION

Help us to support your learning by carefully completing this document.  
**Please return to the School Office**

**NAME:** ..... **CURRENT SCHOOL:** .....

**CURRENT YEAR:** .....

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## SPECIAL EDUCATIONAL NEEDS

Students are deemed to have a Special Educational Need if they have a learning difficulty which calls for special educational provision to be made for them. When you have a documented history of your child's special educational needs, or they have perhaps begun to experience significant learning difficulties, we may be able to offer them additional support.

1. My child does not have a Special Educational Need
2. My child's difficulties include: .....  
.....
3. The evidence of need is a:
  - Personal Concern
  - Medical Report  If yes, please specify .....  
.....
  - English as an Additional Language  If yes, date of entry to UK .....  
.....  
Language spoken at home .....
  - Specialist Teacher Report
  - Educational Psychologist Report
  - CAMHS or other agencies involved  If yes, please specify .....

## Was any special consideration made at previous School.

- |                     |                          |                              |                          |
|---------------------|--------------------------|------------------------------|--------------------------|
| Extra Time          | <input type="checkbox"/> | Use of Word Processor        | <input type="checkbox"/> |
| Rest Breaks         | <input type="checkbox"/> | Use of English Dictionary    | <input type="checkbox"/> |
| Prompter            | <input type="checkbox"/> | Use of British Sign Language | <input type="checkbox"/> |
| Reader              | <input type="checkbox"/> | Enlarged Paper / Font Size   | <input type="checkbox"/> |
| Practical Assistant | <input type="checkbox"/> | Transcripts                  | <input type="checkbox"/> |
| Scribe              | <input type="checkbox"/> | Other arrangement: .....     |                          |

**Signature:** ..... **Date:** .....