

11+ Test - Specific Testing Arrangements

Supplementary information for candidates requesting assistance in accessing the 11+ test, 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			
Home Address			
Email Address			
Daytime Telephone No.		Mobile No.	
Parent/Carer's Name		Title	
What is your child's Special Need / Learning Disability / Medical Issue? <i>Please list all that apply.</i>			
Does your child have 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"/>	
<i>Please Note: If you have answered 'YES' to any of the above then a copy of the child's EHC Plan, confirmation of diagnosis and/or other professional evidence must be submitted with this form. If no evidence is submitted, your child's specific needs cannot be taken into consideration and they will therefore sit the 11+ test under normal test conditions.</i>			
What assistance do you believe your child will require during the 11+ test? <i>(Please tick all that apply.)</i> <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>(e.g. 2-3 minutes per break)</i>	
	Smaller testing session <i>(e.g. 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		
Current School Name		
What is the child's Special Need / Learning Disability / Medical Issue? <i>Please list all that apply.</i>		
Does the child have an Education Health and Care Plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Does the child receive additional support in school due to special educational needs and/or medical issues?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is the child supported in school by a TA, IDS, CAMHS, etc.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>Please Note: If you have answered 'YES' to any of the above then evidence of this must be submitted with this form. If no evidence is submitted, 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.</i>		
What assistance does the child regularly receive in school, especially during test/assessment situations? <i>(Please list all that apply.)</i>		
Does the child speak English as an Additional Language?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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+ selection test. 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	