## SPECIAL EDUCATIONAL NEEDS



Is your daughter/son on the Special Educational Needs Register?

YES / NO

Please tick the boxes below that more accurately describe your daughter's/son's health condition or disability. The information will help us to identify what we need to do to support your daughter/son at school.

			Tick		Tick
	Moving about the school and going on school visits?	Yes		No	
	Use of hands and fingers (eg to hold a pen or pencil)?	Yes		No	
	Lifting, carrying or moving objects (eg carrying a school bag)?	Yes		No	
	Washing, going to the toilet, controlling the need to go to the toilet, dressing, etc?	Yes		No	
	Expressing themselves or understanding what others are saying?	Yes		No	
	All of the work in school, including reading, writing, number work or understanding information?	Yes		No	
	Hearing or eyesight?	Yes		No	
	Making friends, relating to adults, behaving appropriately in school?	Yes		No	
	A medical need which has lasted or is expected to last more than 12 months and takes regular medication (please give details under any other information)?	Yes		No	
	Complex health needs requiring daily assistance in order to maintain optimum health such as physiotherapy at school? eel that there are further details of your child's condition of which we need the space below.	Yes d to be	e aware	No pleas	e pro
ou fe	optimum health such as physiotherapy at school? eel that there are further details of your child's condition of which we nee		e aware		se prov
ou fe tail in ease li low:	optimum health such as physiotherapy at school? eel that there are further details of your child's condition of which we nee	d to be		pleas	
ou fe tail in ease li low:	optimum health such as physiotherapy at school?  eel that there are further details of your child's condition of which we nee the space below.  ist any previous access arrangement for examinations your son/daughter	d to be		pleas	

- information sent from school in alternative formats, eg Braille, large print
- specific access requirements to the school buildings or to enable you to take part in consultation meetings, eg interpreters for British Sign Language, loop system, explaining things over the phone.

Hillview School wishes to involve disabled people in its disability equality scheme for the benefit of all users of the school. If you or any family member would be willing to help us with this work, please contact the school for further information.

The Special Educational Needs of a student will not be registered until we have received satisfactory evidence to confirm the diagnosis and requirements of the need.

If Hillview Sixth Form were to discover that any information provided to us at any stage is inaccurate, incomplete, false or intentionally misleading we reserve the right to withdraw the offer of a place to study with us.

I confirm that all the information I have given is correct.
SignedParent print name
Date