

The Bexley Selection Test 2024

Special Arrangements Application Form

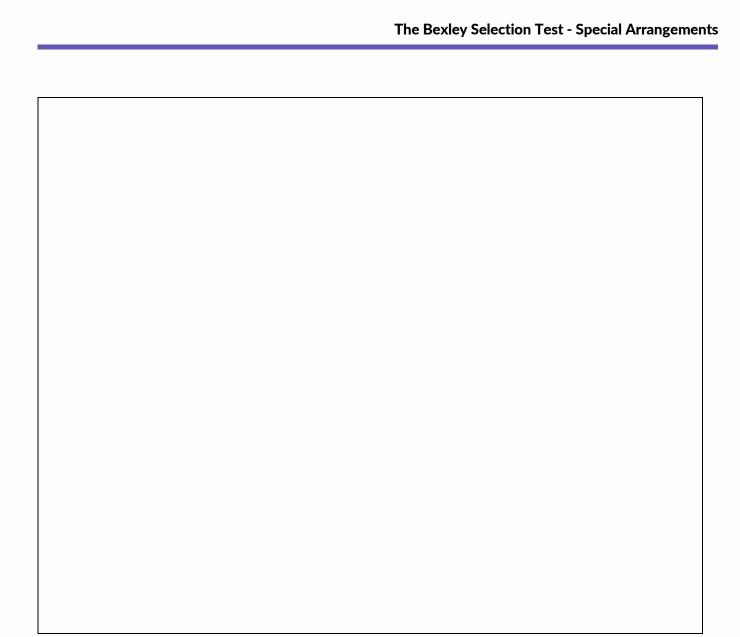
A Word version of this form can be obtained by emailing selectiontests@bexley.gov.uk

SECTION A

| Child's name | Date of birth |
|--|---|
| Primary school | |
| Does the child have an Educa please attach a copy of the pl | tion, Health and Care Plan or is he/she under assessment? If yes, an. |
| History of need | |
| hearing impairment, visual im | of difficulties with the acquisition and development of literacy skills, spairment, ASD or any medical conditions? Please give brief details eports, previous psychological assessment and screening tests. |
| History of provision | |
| • | en made available to the pupil – learning support, differentiated s? Please give details and indicate what support is regularly in use for |

Have any of the following been made available to the pupil – learning support, differentiated curriculum, other adaptations? Please give details and indicate what support is regularly in use for the pupil in the classroom and would be expected to continue at secondary level.

| What special arrangements or modifications are you requesting to enable the pupil to access the |
|--|
| Bexley selection tests? |
| |
| Will you be applying for special arrangements for end of KS2 statutory national assessments? |
| Declaration I am satisfied that the information provided on this form is accurate. I fully support the application |
| Name |
| Signature |
| Position |
| Date |
| Email address/phone number |
| Section B should be completed unless separate assessment reports with the same information are being submitted with the application Please attach supporting reports and list them below: |



Completed applications should be returned to:

School Admissions Team London Borough of Bexley Civic Offices 2 Watling Street Bexleyheath Kent DA6 7AT

or by email to selectiontests@bexley.gov.uk

The closing date for applications is Friday 31 May 2024, applications received after this date may not be considered.

SECTION B

This section should be completed by an appropriately qualified specialist teacher (see below) or Educational Psychologist for children where the reason for the application is dyslexia or other conditions that affect reading, writing, processing speed and cognitive skills.

| conditions that affect reading, | writing, processing speed and cognitive skills. |
|---|--|
| Reading speed Does the pupil average for his/her age? | read/comprehend continuous text at a speed that is below |
| Name of test | |
| Test ceiling | |
| Date of administration | |
| Standardised score | |
| Writing skills Does the pupil ex his/her age? | rpress him/herself in written form, more slowly than is average for |
| Name of test | |
| Test ceiling | |
| Date of administration | |
| Free writing speed (wpm) | |
| Processing speed Does the pupage? | oil take longer to process information than what is expected for his/her |
| Name of test | |
| Test ceiling | |
| Date of administration | |
| Results | |
| Any other test evidence that in school curriculum? | dicates that a child can cope with the cognitive demands of a grammar |
| Name of test | |
| Test ceiling | |
| Date of administration | |
| Results | |

| Name of assessor: | | | | |
|---|-------|--|--|--|
| Specialist qualification: | | | | |
| Name of awarding body: | | | | |
| Institution where currently employed: | | | | |
| I certify that the above information is accurate and that I carried out all the tests in Section B. | | | | |
| Signature: | Date: | | | |
| | | | | |

The LB Bexley will accept assessments carried out by psychologists and suitably qualified specialist teachers. Specialist teachers should hold Associate Membership of the British Dyslexia Association or a qualification from an advanced training course which is recognised by the British Dyslexia Association's Accreditation Board. Tests used should be the current versions. Test results may not be accepted if the test used has been superseded by a more recent version.