

PARENTAL NOTIFICATION OF ADDITIONAL NEEDS

You have answered YES to the question below on your application for admission to school (Form A)

Question 1: *Will your child need additional support for any reason? The support may be for health or medical requirements, learning difficulties or behaviour.*

Question: *Why do I need to tell you about any additional needs my child has?*

Answer: This is so we can look at any extra support that will be needed and make sure that it is in place before your child starts.

Question: *What kinds of additional needs should I mention in the application form?*

Answer: We need to know about any concerns or assessments or treatments which might affect your child at school. Here are a few examples....

- Medical treatment
- Assessments by a speech & language therapist, medical staff, psychologist or psychiatrist
- Concerns about development or behaviour and in Nursery any concerns about the development of play (and playing for children about to go into nursery)

Question: *What will happen to this information?*

Answer: This information is **confidential** and will only be used to decide whether your child needs additional help or resources. There will normally be a meeting to discuss this. This meeting will involve parents of the child, member of school staff and anyone else involved with the child (health visitor, doctor, therapist) who can help the meeting decide on next steps.

Question: *Can my child start straight away?*

Answer: We will call the meeting as quickly as possible. We will listen to the information given by parents and others. The meeting will then decide whether a placement can start straight away or whether we need to look at putting in place additional support for your child. The recommendations of the meeting will then be sent to the Quality Improvement Officer for the school, who will confirm a placement as quickly as possible.

It is important not to feel that this is making your child different. It is important that we put everything in place to make your child safe, well cared for and happy in school.

Additional Educational Needs Details

- This page is for completion by the Head Teacher or designated Admissions Representative after discussions with the parent/carer.
- It may also be used as a data capture form for additional support needs to update records annually.
- The information gathered here will be entered in the pupil’s record in Click & Go under *Application, Records, Edit, Personal Tab*.
- If the pupil has: a Co-ordinated Support Plan or an n Individual Educational Plan or both then the items marked * must be completed and entered into Click & Go for the annual ScotXed census.

Pupil’s Name	
*Looked After	
Yes/No (If yes add information)	
* Additional Needs Start Date	
* Additional Needs Stop Date	
* Full-time in school	Yes/No (If no: number of half days in school, 0-10)
* Attends Special School or Unit	Yes/No Please state Special School
* Mainstream Integration	(Number of half days in mainstream, 0-10)
* Special School / Unit Attendance/ Shared Placement with St. Andrews	(Number of half days in special school or unit, 0-10)
* Co-ordinated Support Plan (CSP)	Yes/No/being sought
* Individual Education Plan (IEP)	Yes/No
* Assessed Disabled	Yes/No
* Student Needs	<ul style="list-style-type: none"> <input type="radio"/> Learning disability <input type="radio"/> Dyslexia <input type="radio"/> Other specific learning difficulty (e.g. numeric) <input type="radio"/> Other moderate learning difficulty <input type="radio"/> Visual impairment <input type="radio"/> Hearing impairment <input type="radio"/> Physical or motor impairment <input type="radio"/> Deaf/blind <input type="radio"/> Language or speech disorder <input type="radio"/> Autistic spectrum disorder <input type="radio"/> Social, emotional & behaviour difficulty <input type="radio"/> Physical health problem <input type="radio"/> Mental health problem <input type="radio"/> Interrupted learning <input type="radio"/> English as an additional language <input type="radio"/> Looked after <input type="radio"/> Not disclosed/ declared <input type="radio"/> More able pupil <input type="radio"/> Other <input type="radio"/> Communication Support Needs <input type="radio"/> Young Carer <input type="radio"/> Bereavement <input type="radio"/> Substance misuse
* Other ASN	
* Overall Level of Support (overall level of additional support required to meet Student Needs)	
Notes	

Our Ref:

Your Ref:

Please ask for:

Direct Dial:

E-mail:

Date

Address

Dear Parent/Carer

SPECIAL DIETARY REQUIREMENTS

Thank you for providing information on the dietary requirement for your child. To ensure that your child's dietary requirement can be safely met through the School Meals Service it may be helpful for catering staff to contact your dietician/GP/private practitioner for further advice.

I would therefore be grateful if you would complete the attached form to enable this to take place.

Yours sincerely

Ms D Lynch
Depute Rector

Request for Special Diet

This form is for parents to complete if your child has a special dietary requirement. The information provided will be used to inform the School (including Home Economics department) and School Caterers when providing meals for your child.

Section 1: Details of Pupil

Surname:

.....

Forenames:

.....

Address:

.....

..... Postcode:

Male/Female: Date of Birth Class

Special Dietary Requirement

.....

.....

Section 2: Contact Details

Name: Daytime Tel. No.:

Relationship to pupil:

.....

Address:

.....

.....

Section 3: Medical Details

I understand that by providing these details I am happy for School Catering to make contact for further information

Doctor/Dietician /Speech and Language Therapist/Paediatric Specialist Nurse

.....

Address:

.....

.....

Contact No:

.....

Signed: Date:

PUPIL NAME:

CLASS:

SPECIAL DIETARY REQUIREMENT / FOOD ALLERGIES

The School Catering Service, and other school departments are committed to making provision for medically prescribed diets, children with special educational needs which affect their diet, children requiring vegetarian options and children with religious or cultural restrictions. The following questions will help inform the School about how your child can best be supported.

Please complete the appropriate sections as necessary and **name** each one as they may be separated to go to the relevant staff / departments.

SECTION A

Does your child have a **medically prescribed** dietary requirement? **YES / NO**

If you have ticked **YES** please answer the following questions:

If NO go to Section B

1. Which of these apply?

dairy free

egg free

wheat free

gluten free

nut free

diabetes

coeliac disease

PLEASE PROVIDE MORE DETAIL OF ALLERGIES ON PAGE 17

2. Any other requirements? Please give details

3. Do you use any special dietary products with your child? **YES / NO**

Please give details

4. Which of these products are prescribed?

5. Do you have a prescribed diet plan for your child? **YES / NO**

6. Who provides this for your child? Please provide contact details

.....

.....

Written details from a Medical Practitioner/Dietician may be required to ensure that the Catering Service can safely meet the needs of your child

Supporting Children with Special Dietary Requirements

Admission Form D

PUPIL NAME:

CLASS:

SECTION A – ALLERGY DETAIL

The following information is required by the School Catering Service, the Home Economics department, and may be needed by staff teaching other curricular areas. Please provide as much detail as possible.

Foodstuff	Can be eaten?	Can be touched?	Can be in the room?	Possible symptoms of reaction	Action to be taken
Eggs					
Cows milk & products					
Tree Nuts					
Peanuts					
Sesame seeds					
Wheat					
Gluten					
Shellfish					
Fish					
Soya					
Vegetables – please specify					
Fruit – please specify					
Pulses – please specify					
Other – please specify					

Does your child carry allergy medication

e.g. (Epipen / Piriton / Inhaler / other? YES / NO

Can your child self-administer their medication? YES / NO

Medication carried:

IT IS THE RESPONSIBILITY OF PARENTS / CARERS AND THEIR CHILD TO ENSURE THAT THIS INFORMATION IS UPDATED AND THE SCHOOL IS AWARE OF SPECIAL DIETARY REQUIREMENTS.

PUPIL NAME:

CLASS:

SECTION B

Does your child have a **support need** that affects their eating? **YES / NO**

If you have ticked YES please answer the following questions.

If NO, go to Section C

1. Please indicate the need from the list below

- a. Texture / Consistency modification
- b. Limited food range
- c. Reading menu
- d. Help with eating/drinking
- e. Help with food selection

2. Any other requirements? Please give details

3. What dietary modification do you follow at home? Please give details

Please provide further information that would be helpful

SECTION C

Does your child have a **religious need** that may require modified food products? **YES / NO**

Please indicate which products require substitution / omission

Please provide further information that would be helpful

Information sent home from school

Aberdeenshire Education & Children's Services is committed to providing parents/carers with information in a language or format which best meets their needs.

Do you require information to be provided in a language other than English?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please state your preferred language		
Do you require information in larger print?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you require information in Braille?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you require information on an audio tape?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Pupil Name _____

Primary School _____

Parent/Carer _____

Date _____

ACCESS TO SCHOOL BUILDINGS

Aberdeenshire Education & Children's Services will do its best to help parents and carers access school buildings.

Parent/Carer Name (please print) _____

Home Address _____

Please explain your specific access requirements: