**Examination Access Arrangements**

Parent/Carer Questionnaire

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| **School** |  | **Contact name** |  |
| **Email** |  | **Telephone** |  |

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|  | **Pupil Name** | **DOB** | **Extra Time** | **Reader** | **Scribe** | **EHCP** | **Diagnoses e.g. Dyslexia, ADHA, ASD etc. (please list)** | **Medical conditions e.g. epilepsy, cerebral palsy etc. (please list)** | **Notes** |
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**Relevant sections of the Form 8 (as per JCQ requirements) must be completed by the school and sent with this referral**



https://www.jcq.org.uk/

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| *In* ***all*** *cases, parental consent must be obtained* ***prior*** *to CSSS involvement. It is the commissioning school’s responsibility to obtain this. Please ensure that this has been done before returning this form. Please see our GDPR privacy statement regarding data protection. Photographs may be used as part of the assessment and these will be stored securely in line with GDPR regulations. Reports will be shared, as required, with other appropriate specialists within the CSSS support portfolio (e.g. SALT).* |
| **By signing below, you are confirming that parents/carers have consented to CSSS involvement** |
| Signature of person commissioning support: | Position: |
| Name (in capitals): | Date:  |
| ***We regret that we cannot accept typed signatures. Digital signatures or scanned electronic copies are suitable.*** |
| ***Please return completed referral forms via:*** **Worcestershire County Council Children’s Services Portal** – select named individual – TERESA HAMILTON***OR******EGRESS –*** *schoolsupportservices@chadsgrove.worcs.sch.uk* |
| **Chadsgrove School Support Services**Meadow RoadCatshill, BromsgroveWorcestershire, B61 0JL**Tel:** 01527 871511 (option 2)**Email:** schoolsupportservices@chadsgrove.worcs.sch.uk**Website:** [https://www.chadsgroveschool.org.uk](https://www.chadsgroveschool.org.uk/web/school_support_services)@chadsupportteam |