

**Delia Memorial School (Broadway)**  
**2019-2020**  
**Information on Student Educational Needs**

Student Name: \_\_\_\_\_ Class: S \_\_\_\_\_ ( )

Previous School: \_\_\_\_\_

The information provided enriches our understanding about your teenager and helps us provide appropriate and timely support for the teenager. **Please complete the questionnaire and return it to the class teacher on 13-9-2019.**

Please ✓ the appropriate boxes.

1. Is your teenager identified with the following Special Educational Need(s) by professionals?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please state the type(s) of the Special Educational Need(s): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Mood Problems</div> <div style="width: 50%;"><input type="checkbox"/> Autism Spectrum Disorder</div> <div style="width: 50%;"><input type="checkbox"/> Physical Disability</div> <div style="width: 50%;"><input type="checkbox"/> Specific Learning Difficulties (Dyslexia)</div> <div style="width: 50%;"><input type="checkbox"/> Hearing Impairment</div> <div style="width: 50%;"><input type="checkbox"/> Attention-Deficit / Hyperactivity Disorder</div> <div style="width: 50%;"><input type="checkbox"/> Visual Impairment</div> <div style="width: 50%;"><input type="checkbox"/> Speech and Language Impairment</div> <div style="width: 50%;"><input type="checkbox"/> Giftedness</div> <div style="width: 50%;"><input type="checkbox"/> Intellectual Disability</div> <div style="width: 100%;"><input type="checkbox"/> others: _____ ( Please indicate )</div> </div>
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2. Has your teenager ever received homework accommodation(s)?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please state the type(s) of the accommodation(s): <input type="checkbox"/> reduced copying-related homework <input type="checkbox"/> enlarged worksheets / enlarged line spacing <input type="checkbox"/> others: _____ ( Please indicate )
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3. Has your teenager received any examination accommodation(s)?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please state the type(s) of the accommodation(s): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> seating arrangement</div> <div style="width: 50%;"><input type="checkbox"/> enlarged examination papers / enlarged line spacing</div> <div style="width: 50%;"><input type="checkbox"/> extra time allowance</div> <div style="width: 50%;"><input type="checkbox"/> use of screen reader</div> <div style="width: 50%;"><input type="checkbox"/> provision of break</div> <div style="width: 50%;"><input type="checkbox"/> exemption from certain examinations</div> <div style="width: 100%;"><input type="checkbox"/> others: _____ ( Please indicate )</div> </div>
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4. Has your teenager been provided with other support service(s) in school?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please state the type(s) of the service(s): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> individual counseling</div> <div style="width: 50%;"><input type="checkbox"/> group training</div> <div style="width: 50%;"><input type="checkbox"/> parent consultation</div> <div style="width: 50%;"><input type="checkbox"/> others: _____ ( Please indicate )</div> </div>
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5. Please indicate other concerns about the teenager.

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Parent signature: \_\_\_\_\_

Parent contact no.: \_\_\_\_\_

Date: \_\_\_\_\_