

## **SELF DECLARATION**

(To be filled by parent/guardian during admission)

Area of Concern	Yes	No	Specify if your answer is 'YES
History of speech delay			
Any major concerns with oral communication:			
Has difficulty understanding instructions or directions			
Has difficulty with vision			
Has difficulty with hearing			
Has medical concerns / ongoing medications			
Receiving support from SEND Department of present school.			
History of/following an Individual Education Plan			
History of /ongoing additional therapies			
Has Attention Deficit Hyperactivity Disorder (ADHD) / Oppositional Defiant Disorder (ODD) / Autism Spectrum Disorder / Anxiety disorder / Depression / Bipolar disorder / Learning disorders / Conduct disorders. (Specify if any)			
History of psychometric assessments attended			
History of repeating/demoting/not attending a particular grade/year			
Any other special concerns needs to be addressed			
onfirm that the information provided above is true and correlso confirm that if at any stage, this information submitted will have all authorities to take decisions as per the school per	by m	e is fo	•