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## **LETTER CIRCULAR**

**Ref: SSD 02/08**

**Date: 29<sup>th</sup> February 2008**

**To: Heads of Primary B & C Schools (STATE ONLY)**

**Subject: Transition from Primary to Secondary Schools of Students with a Statement of Needs 2008**

The Transition Form is forwarded for necessary action as indicated on the attachment.

**George Borg  
Director  
Student Services**

## Transition from Primary to Secondary Schools of Children with a Statement of Needs 2008

**Information protection:**

Personal information provided in this transition form is protected, and used in accordance with the provision of the Data Protection Act.

Dear Head of School,

Kindly fill in this form and return to **College Principal** by **noon Friday, 14<sup>th</sup> March 2008**.  
Thank you.

**Child's Particulars:**      **STM No.:** \_\_\_\_\_

1. **Name of Child:** \_\_\_\_\_ 2. **D.O.B. :** \_\_\_\_\_ 3. **Age:** \_\_\_\_\_

4. **Parents'/Guardians' names:** \_\_\_\_\_

5. **Tel:** \_\_\_\_\_

6. **Address:** \_\_\_\_\_  
\_\_\_\_\_

7. **Is the child supported by:**

a. School Psychological Service \_\_\_\_\_

b. CDAU \_\_\_\_\_

c. Equal Partners \_\_\_\_\_

d. The Eden Foundation \_\_\_\_\_

e. Other (Specify) \_\_\_\_\_

f. None known of \_\_\_\_\_

8. **Is the psychologist of an outside agency going to be involved in the completion of the Full Report?** (a) Yes \_\_\_\_\_ (b) No \_\_\_\_\_

9. **Reason for support needed:**

a. Physical impairment ( ) Specify \_\_\_\_\_

b. Intellectual impairment ( ) Specify \_\_\_\_\_

c. Visual impairment ( ) Specify \_\_\_\_\_

d. Hearing impairment ( ) Specify \_\_\_\_\_

e. Other ( ) Specify \_\_\_\_\_

**Please mark where applicable:**

10. Child is wheelchair user ( )

11a. Child will be attending Church School ( ). Please specify Name of Church

School child will be attending; \_\_\_\_\_

11b. Child will be attending a Special School ( ). Please specify Name of Special

School child will be attending: \_\_\_\_\_

12. Child will be repeating Year 6 ( )

13. Child will be sitting for the Junior Lyceum Examination ( )

14. Child will be sitting for the Common Entrance Examination ( )

**School Details:**

15. School: \_\_\_\_\_ 15.1. Locality: \_\_\_\_\_

16. Class: \_\_\_\_\_ (Year and Stream)

17. Head of School: \_\_\_\_\_ 18. Tel No: \_\_\_\_\_

19. Fax: \_\_\_\_\_ 20. E-Mail: \_\_\_\_\_

21. Name of Teacher: \_\_\_\_\_

22. Name of Facilitator: \_\_\_\_\_

23. Currently child has a Statement of needs:

- a) One to One support ( )
- b) Full-Time Support ( )
- c) Shared in the same class support: ( )
- d) Shared Support ( )

\_\_\_\_\_  
Signature  
Head of School

School rubber stamp