



MALTA  
**STATEMENTING MODERATING PANEL**  
 STUDENT SERVICES DEPARTMENT  
 FRA GAETANO PACE FORNO STREET,  
 HAMRUN. HMR 1100

TEL./FAX 21341130

<b>REPORT BY HEAD OF SCHOOL AND RELEVANT STAFF MEMBER</b>
-----------------------------------------------------------

<b>NAME OF CHILD</b>			
<b>D.O.B.</b>	<b>AGE</b>	<b>CHILD'S ID</b>	
<b>FATHER'S NAME</b>			<b>ID</b>
<b>MOTHER'S NAME</b>			<b>ID</b>
<b>GUARDIAN'S NAME</b>			<b>ID</b>
<b>ADDRESS</b>		<b>TEL. No./s</b>	
		<b>FAX:</b>	
<b>POST CODE</b>		<b>MOB.</b>	
<b>HEAD OF SCHOOL</b>		<b>Yr.</b>	<b>FORM</b>
<b>NAME</b>		<b>Kindly indicate if you would like to be present for the statementing meeting:</b>	
		<b>SIGNATURE</b>	<b>YES</b>
<b>SCHOOL STAMP</b>		<b>REMARKS:</b>	
		<b>DATE:</b>	

## STATEMENTING MODERATING PANEL

<b>REMARKS BY CLASS TEACHER</b>	
<b>ASSESSMENT</b>	
<b>A PHYSICAL</b>	
MOBILITY	
CONTINENCE	
SELF-HELP SKILLS	
TOILETING	
FEEDING	
<b>B. EDUCATIONAL</b>	
LANGUAGE	
LITERACY	
NUMERACY	
<b>C. COMMUNICATION</b>	
<b>D. SOCIAL SKILLS</b>	
<b>E. MEDICATIONS</b> PROSTHETIC AIDS e.g. Wheelchair any support	
<b>F. OTHER RELEVANT INFORMATION</b>	

## STATEMENTING MODERATING PANEL

<b>REMARKS BY CLASS TEACHER:</b>	<b>CLASS:</b>	<b>CLASS SIZE:</b>
<b>(a) WHAT ARE THE STUDENT'S SPECIAL NEEDS?</b>		
<b>(b) WHAT IS THE SCHOOL DOING TO MEET THE STUDENT'S NEEDS?</b>		
<b>(c) IN THE OPINION OF THE SCHOOL DOES THE STUDENT NEED A FACILITATOR?</b>		
<b>(d) WHAT TYPE OF LESSON AND CURRICULUM MODIFICATIONS HAVE BEEN USED TO SUPPORT THE CHILD'S LEARNING?</b>		
<b>(e) WHAT WAS THE RESULT OF THE ABOVE INTERVENTION?</b>		





## STATEMENTING MODERATING PANEL

<b>COMMENTS BY HEAD OF SCHOOL</b>		
<b>WHAT FACILITIES ARE PROVIDED BY THE SCHOOL?</b>		
<i>Please mark X where applicable</i>		
<b>RAMPS</b>		
<b>LIFTS</b>		
<b>CLASS ON GROUND FLOOR</b>		
<b>SPECIAL TOILETS</b>		
<b>RESOURCE ROOM</b>		
<b>LARGE PRINT FACILITY</b>		
<b>PERIPATETIC TEACHER FOR VISUALLY IMPAIRED</b> <input type="checkbox"/>	<b>HEARING IMPAIRED</b> <input type="checkbox"/>	
<b>COMPLEMENTARY TEACHER</b>		
<b>SERVICES OF THE SCHOOL PSYCHOLOGIST</b>		
<b>F.E.S. PROGRAMMES</b>		
<b>OTHERS</b>		
<b>CHECKLIST TO BE FILLED IN BY THE HEAD OF SCHOOL</b>		
	<b>YES</b>	<b>NO</b>
(1) Has student been referred to CDAU for assessment by the School Medical Officer or the Family Doctor?		
(2) Has the student been referred to the School Psychological Services?		
(3) Has the student been referred to the SpLD Unit?		
(4) Has the student been referred to the Child Safety Services?		
(5) Has the student been referred to the Anti Bullying Team?		
(6) Has the student been referred to the Guidance Teacher?		
(7) Has the student been referred to the School Counselor?		
<p><b>Note:</b> If you have answered YES to any of the above, kindly attach copy of REPORTS handed in by the above agencies</p>		



## STATEMENTING MODERATING PANEL

### STATEMENT OF CONSENT BY PARENTS / GUARDIAN

I hereby give consent to the Education Division to process and record personal and sensitive data being herewith in order to be able to render me the service I am applying for.

I fully understand that:

1. by opting out, my application cannot be processed;
2. authorised personnel who are processing this information may have access to this data in order to supply me and members of my family with the service being applied for;
3. edited information, that would not identify me or any member of my family, may be included in statistical reports;

I know that I am entitled to see the information, related to me, should I ask for it in writing.

I am aware that for purpose of the Data Protection Act, the Data Controller is:

**The Director (Student Services & International Relations)**

**The Education Division, Floriana.**

**I have read and understood this statement of consent myself**

**This statement of consent was read and explained to me**

<b>DATA SUBJECT</b> <b>STUDENT'S NAME:</b>	<b>READER (If applicable)</b>
<b>PARENT / GUARDIAN NAME</b>	<b>NAME</b>
<b>MOTHER   FATHER   GUARDIAN</b>	<b>PROFESSION / GRADE</b>
<b>SIGNATURE</b>	<b>SIGNATURE</b>
<b>ID</b>	<b>ID</b>

DATE: