

**SIGNIFICANT ADDITIONAL SUPPORT NEEDS  
Request to Delay Entry to Primary 1  
Professional Support of Application Report**

*Please complete and return this form within 10 working days of receipt*

APPLICATION FOR ..... PRE- SCHOOL EDUCATION SETTING

Any information supplied on this form will be treated in strictest confidence. Please give FULL details under the headings below.

**Child's First Name(s)** ..... **Child's Surname** .....

**Address** .....

..... **Post Code** .....

**Home Telephone Number** ..... **Child's Date of Birth** .....

Please provide information below regarding the child's needs and how, in your professional opinion an additional year of part time, pre-school education will meet these needs.

**No relevant information to contribute**   
*(please tick and complete section 6)*

<b>1. Social/Emotional</b>	
<b>2. Physical Development/Medical</b>	
<b>3. Communication and Language</b>	
<b>4. Any other relevant information</b>	
<b>5. Please indicate your involvement with the child and your proposed continuing input</b>	
<b>6. Name</b>	<b>Position</b>
<b>Address</b>	
<b>Contact Tel</b>	<b>E-mail</b>
<b>Signature</b>	<b>Date</b>