



GATEWAYS SCHOOL

Harewood, Leeds LS17 9LE
Tel: 0113 2886345 Fax: 0113 288 6148
Email: gateways@gatewaysschool.co.uk

14th September 2018

Dear Parents

As part of the assessment for learning at Gateways School, we are offering screening tests for Dyslexia and Dyscalculia. There will be a charge for these assessments of £20 for the two payable by cheque/cash (please make cheques payable to 'Gateways Educational Trust.')

These assessments are not diagnostic tests, the results of these assessments give an indication as to whether or not a child is 'at risk' of dyslexic or dyscalculic tendencies. We can then use the results of these assessments to inform future planning for your child's education and put support in if deemed necessary.

On completion of the assessments, an appointment will be arranged to discuss the results with parents, the form teacher and me. At this meeting you will be given a copy of the results to keep for your own reference.

These tests are completed online under my supervision. The results of these assessments and any other information gathered about your child with regards to the testing will only be shared with other authorised professionals, such as their form teacher and the Head of Prep and if necessary, with your permission, an Educational Psychologist. All information will be stored in accordance with the provisions of the Data Protection Act 2018 (as amended in accordance with GDPR) and kept until your child reaches the age of 25.

Please complete and return these forms by Friday 28th September. If you have any questions regarding these assessments, please do not hesitate in contacting me to discuss.

Yours faithfully

Fidelma Feeney, BA(HONS), PGCE, TEFL, PGCertSENCo, CCET, CPT3A
Head of Learning Support

Parental/Guardian Consent

I give my permission for _____ to undertake the following assessments:	<i>Please tick box</i>	
	YES	NO
a) Screening for Dyslexia		
b) Screening for Dyscalculia		

I give my permission for the Head of Learning Support to:

c) Contact and discuss results with other professionals working with my child as deemed appropriate		
d) Supervise the screening assessments		

Signature of Parent/Guardian	
Date:	

General Information

To ensure the information on our records is correct please complete the following:

Child's full name:	
Date of Birth:	
Name of Parents / Guardians	
Address:	
Form Class & Year Group:	
Home Telephone No:	
Other relevant information e.g. needs to wear glasses, allergies:	
Medical - is your child able to use computer programmes that contain flashing images? (Dyscalculia Screening test may affect children with Epilepsy as it contains flashing images)	

Please return completed form with the cheque, payable to Gateways Educational Trust, to:

Miss F Feeney

or

The School Office in an envelope addressed to Miss Feeney, Head of Learning Support.

All information that we hold concerning you as an individual will be held and processed by Gateways School in accordance with the provisions of the Data Protection Act 2018 (as amended in accordance with GDPR).