

# STUDENT SPECIAL NEEDS AND DISABILITY QUESTIONNAIRE

Responsible: Date Reviewed: Review Period: Approval Authority: External Release: Director January 2025 Annually Governors Yes

We are committed to creating an inclusive environment for all students, including those with special needs or disabilities. Some facilities, such as training rooms and the reception area, are conveniently located on the ground floor, while others, like the library and residence, are accessible only by stairs. Please note that certain activities and excursions may not be appropriate for every student.

Kindly fill out this form to assist us in evaluating your needs and ensuring your safety.

**Personal Details** 

Full Name:

Date of Birth:

Email:

Phone Number:

If you are completing this form on behalf of the student:

Name & Relationship to Student:

**Emergency Contact Phone Number:** 

### **Medical History**

1. Have you had any serious medical/psychological conditions?

YES / NO

If yes, explain:

2. Are you currently receiving treatment?

YES / NO

3. Have you had any serious illness/surgery in the past year?

YES / NO

4. Do you suffer from asthma?

YES / NO

5. Will you bring medications?

YES / NO

## Allergies & Dietary Needs

1. Do you have any allergies or food restrictions?

YES / NO

Details:

## Accessibility Needs

1. Do you use a wheelchair?

YES / NO

If yes, width:

2. Do you need ground-floor facilities?

YES / NO

3. Do you have partial vision or difficulty reading?

YES / NO

4. Will a helper accompany you?

YES / NO

Is there any additional information we should be aware of?

Details:

### **Important Notes**

Students are required to notify us about any conditions that necessitate supervision. Not disclosing this information may hinder Kingfisher Education's ability to meet your needs fully. We will make adjustments whenever it is practical and reasonable to do so.

Additionally, we may share essential information with staff or external organisations while ensuring confidentiality is upheld.

**Contact Us** 

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