



Dear Parents/Carers,

Disability Data Information

The Disability Discrimination Act 2005 (DDA) defines a disabled person as someone who has: *"a physical or mental impairment which has a substantial or long-term adverse effect on his or her ability to carry out normal day-to-day activities"*.

- Substantial – more than minor or trivial
- Long-term – for more than 12 months

The DDA 2005 has also extended the definition of disability as follows:

- People with HIV, multiple sclerosis and cancer (although not all cancers) are deemed disabled before they experience the long-term or substantial adverse effect on their activities.
- Section 18 has been amended so that individuals with a mental illness no longer have to demonstrate that it is "clinically well-recognised", although the person must still demonstrate a long-term or substantial adverse effect on his/her ability to carry out normal day-to-day activities.
- Learning difficulties, which are sufficiently severe to have a substantial or long-term effect on day to day living, also qualify as disabilities.
- A disability no longer needs to be a registered disability in order to qualify as a disability.
- Visual problems e.g. long or short sightedness or astigmatism, which can be corrected by wearing spectacles (glasses), are not considered a disability.

We would be grateful if you could provide us with the information that is requested in the attached form.

Yours sincerely,

Mrs Bijal Pandya
Principal

Disability Data Information Form

With reference to our information letter, please **COMPLETE and RETURN this form**.

Krishna Avanti Primary School needs to know about pupils and members of their family who may have a disability. Please complete for all your children at Krishna Avanti Primary School, including any other family members living with you.

If there are no disabilities, please enter **'N' and 'not applicable' or 'N/A'**, so that we have a record for your child and family members.

YOUR CHILD:

NAME OF PUPIL	DATE OF BIRTH	DISABILITY (Y OR N)	IF YES, WHAT IS THE DISABILITY?	BRIEFLY DESCRIBE THE NATURE OF THE DISABILITY AND HOW IT AFFECTS DAILY LIFE

DOES A PARENT/CARER OR FAMILY MEMBER LIVING WITH THE PUPIL HAVE A DISABILITY?

NAME OF FAMILY MEMBER	RELATIONSHIP TO PUPIL	DISABILITY	BRIEFLY DESCRIBE THE NATURE OF THE DISABILITY AND HOW IT AFFECTS DAILY LIFE

Please enter your full name, the date and your relationship to the pupil:

Name: _____ **Date:** _____

Relationship to Pupil: _____