



Welcome to the
Year 6 Parent
Information
Evening.

- SATs overview.
- Plas Menai



SATs overview

Monday 12th May - SPAG paper

Tuesday 13th May – Reading paper

Wednesday 14th May – Arithmetic paper &
Reasoning paper 1

Thursday 15th May – Reasoning paper 2

What is assessed?

Each pupil will receive:

- a raw score
- a scaled score (where 100 represents the national standard)
- a confirmation of whether they have achieved the national standard

ENGLISH

Reading

Children will have 1 hour to read 3 texts and answer questions based on these. Texts are ordered by increasing reading demand.

Writing

Teacher assessed using a range of writing throughout Year 6.

SPAG

45 minute test to assess children's understanding of punctuation and grammar; plus a spelling test.



1

Which sentence must end with a **question mark**?

Tick one.

Do you know how long it took for the trees to grow

We have planted rose bushes around the trees

How beautiful the flowers will be

I will ask my teacher if I can show you

1 mark

2

Which sentence is punctuated correctly?

Tick one.

After he ate the lion lay down, and slept for many hours.

After he ate the lion, lay down and slept for many hours.

After he ate, the lion lay down and slept for many hours.

After he ate the lion lay down and slept, for many hours.

1 mark

1. Our dogs are _____ and full of energy.

2. The swans nested on an _____ in the lake.

3. We met a _____ writer.

4. The linen fabric had a rough _____.

5. It is important to stay safe on _____ media.

6. The school is _____ its minibus.

7. This bracelet is a _____ of our friendship.

8. Working hard will _____ our chance of success.

9. The dentist gave my teeth a thorough _____.

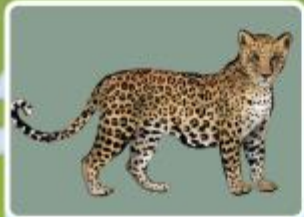
10. We go to the beach _____ in summer.



Streaky and Squeaky



The Girl who Walked on Air



The Leopard

Reading Booklet

2024 key stage 2 English reading booklet

Streaky and Squeaky

Madagascar is an island country in the Indian Ocean, off the coast of East Africa. It is well known for its range of weird and wonderful wildlife.

Imagine treading through the rainforest in Madagascar and noticing hurried movements in the plants below you. You creep forward to investigate. Suddenly, you see a group of animals unlike anything that you have seen before. Ten of them are sniffing along the ground with long, pointy snouts that look almost like bird beaks. The creatures are quite small – maybe the size of a pet hamster. Their bodies are round and covered with spines like a hedgehog. They are brightly coloured like a bumblebee with yellow streaks running down their backs and legs. On their heads, each of the animals has a crown of bright yellow spikes.

They are not hedgehogs, birds or bumblebees, even if they look like a confused hodgepodge of these animals. You have encountered a family of lowland streaked tenrecs. They are one of many species of tenrecs living in Madagascar.

Are all tenrecs the same?

Lowland streaked tenrecs look unlike any of the other types of tenrec except for their cousins who live in highland rainforests. Highland streaked tenrecs are as spectacularly weird as their lowland cousins, but they have white stripes running down their sides instead of yellow ones.

Both highland and lowland streaked tenrecs are very social animals and are the only kinds of tenrec that live in family groups.

What do tenrecs eat?

Tenrecs forage in the rainforest for soft-bodied invertebrates such as worms and beetle larvae. They sometimes stamp on the ground with their forepaws, to create vibrations, which may increase earthworm activity. They have very fragile jawbones and can only eat soft food. If they tried to eat anything harder, it could damage or even break their jaws.

Questions 1–13 are about *Streaky and Squeaky* (pages 4–5)

- 1 According to the text, Madagascar is well known for its range of weird and wonderful wildlife.

This suggests...

Tick one.

it is very difficult to find your way around the island.

tenrecs are the most famous animals on the island.

there are lots of unusual animals on the island.

streaked tenrecs live all over the world.

1 mark

- 2 Read the paragraph beginning: *They are not hedgehogs...*

Find and copy one word that means the same as 'met'.

1 mark

- 3 How can you tell streaked tenrecs are social animals?

1 mark



MATHS

Arithmetic test – 30 minutes

Reasoning test 1 & 2 - 40 minutes each, covering a range of Mathematics.

PREPARATION

- Use of past papers
- Mock SATs week to familiarise children with process and to inform final revision programme. *Booster* classes in Spring and Summer term for extra revision. For some groups, these will be after school.
- Revision programme for English and Maths in place.
- SATs revision books used for homework tasks.
- Still main emphasis on teaching and learning. Y6 is **not** just about SATs revision!
- Continue to use SATs Companion at home and in school.

PARENTAL SUPPORT

- Keep in touch.
- Keep reading at home!
- Discuss your child's homework with them.
- Let us know if your child is becoming anxious.
- If you or your child have any concerns, raise them early.
- SATs should not take over!

Plas Menai – Year 6 Residential



Monday 19th May to Friday 23rd May

Location...



PLAS MENAI

- National Outdoor Centre for Wales
- Expert, qualified staff
- Excellent facilities
- Beautiful location
- Many successful visits



PLAS MENAI

Possible activities:

- Climbing
- Rafting
- Sailing
- Kayaking
- Windsurfing
- Team-building (land-based)
- SUP
- Mountain biking



Activities may change according to weather conditions

Planning

- Risk Assessments are completed by school and approved by Lancashire County Council
- Plas Menai activities all risk assessed by Plas Menai
- Plas Menai staff all qualified for activities they lead



Timetable

- Depart school 9.30 a.m. on Mon 19th May
- Please bring your child to our usual entrance on the junior yard for 8.45 a.m. to allow us to leave promptly.
- Arrive Plas Menai approx. 12 p.m.
- Lunch provided at Plas Menai



Day-to-day routines

- All kit for activities is provided;
small kit bag needed and 50p.
- Food – cafeteria style / self-service.
- Accommodation – in the centre; staff rooms
near children.
- Daily room inspections by school staff!
- Drying room – **all** items named please!
- Evening Tuck Shop (bring change please).



What to bring



- Plenty of clothes!!
- Clothes and shoes that can get wet. Bag for taking change of clothes to activities
- Spare plastic bags for wet clothes. At least 2 towels – 1 for room, 1 for activities
- Medication – **clearly labelled**; written instructions and handed to staff member at school.
- Asthma inhalers (with spare and spacer!)
- **Labelled** water bottle
- Suntan lotion, lip salve, moisturiser & sun hat (sunglasses with cord)
- A sleeping bag and pillow case packed with clothes

PLEASE ENSURE ALL CLOTHES AND OTHER ITEMS ARE CLEARLY LABELLED!

What to bring

- Spending money (£10 max in change), including 50p for lockers
- Books, magazines, travel board games
- No mobile phones, smart watches, electronic games etc.
- No phones or calls – Website updates



General information

- Safety is paramount
- Children will be given clear instructions regarding health and safety around site on arrival
- Staff will meet every evening to discuss day's events and plan for next day
- Any child not following rules will be stopped from participating in activities



Forms to be returned

- Behaviour contract
- Parental/carer consent and medical information – please ensure you complete all sections (see highlighted in red)
- Please return by 7th March
- Medication forms (C and D) to be handed in with medication on the day – one set of forms per medication



**Parental/Carer Consent and Medical Information Form
for Type B Educational/Off-Site Visits and Adventurous Activities**
(This form is to be completed in full by the parent/carers and returned to the School by **7th March 2025**)

1. Details of Visit

Visit to: Plas Menai

From: 19th May 2025To: 23rd May 2025

Child's name: Date of Birth: Class:

I agree to my son/daughter/ward taking part in the above stated visit/activity and having read the information sheet, agree to his/her participation in any or all of the activities described. I acknowledge the need for good conduct and responsible behaviour on his/her part and that the school reserves the right to prevent my son/daughter/ward taking part in the visit/activity in the case of poor behaviour. Further, I understand that there would be no entitlement to a refund of monies paid. I agree that I will update the school with any medical information or changes to emergency contact details.

S/he is capable of swimming 25 metres unaided Yes/No (Delete as appropriate)

2. Emergency Details

a) I may be contacted by telephoning the following telephone number(s):

Home: [.....] Work: [.....]

Mobile Telephone no:

Name & Address:

b) Please state an alternative contact point: - Telephone number: [.....]

Name & Address of Contact:

Child's Health Service details: - Medical card (NH3) number:

Family doctor (Name, address and telephone number):

3. Medical Information**a) Does your child suffer from any of the following conditions?**

Asthma	Yes/No	If Yes please complete Asthma care plan	
Chest Problems	Yes/No	Diabetes	Yes/No
Fainting	Yes/No	Migraine	Yes/No
Heart Trouble	Yes/No	Raised Blood Pressure	Yes/No
Tuberculosis	Yes/No	Sleepwalking	Yes/No
Bronchitis	Yes/No	Disturbed Sleep	Yes/No

If 'Yes', to any of the above, please provide details:

.....

Epilepsy Yes/No If 'Yes',

a) What specific epilepsy syndrome has been diagnosed for your child?

b) What is the pattern of any seizure?

b) Does your child suffer from any other condition requiring medical treatment, including medication?

Yes/No

If 'Yes', please provide details:

c) Is your child allergic or sensitive to any medication (e.g. Penicillin), insect bites or food? Yes/No

If 'Yes', please provide details:

d) Has your child been immunised against the following diseases?

Polio/yellows Yes/No Tetanus (lock jaw) Yes/No

If 'Yes', to tetanus, please give date if known

e) Is your child taking any form of medication on a regular basis? Yes/No

If 'Yes', please complete Parental Consent Form (Appendix C1) and Record of Medicine Form (Appendix D)

Please also complete these forms should you wish your child to receive any non-prescribed medication during the visit.

Please ensure that your child has adequate supplies of medication and dosage for the whole visit.

f) To the best of your knowledge, has your child been in contact with any contagious or infectious diseases, or suffered any recent condition that may become infectious or contagious? Yes/No

If 'Yes', please give full details:

g) In the case of a residential course, does your child have any: (please give the details).

> Special Dietary needs?

> Any childcare needs?

h) Please supply any additional information that you wish the Visit Leader to be aware of (e.g. medical conditions, allergies, recent illness, special requirements etc) which may affect the full range of activities in this event:**i) In the event that it is required, I give consent for Sherwood staff to administer Calpol if they deem it appropriate.** Yes/No**j) In the event that it is required, I give consent for Sherwood staff to administer Piriton if they deem it appropriate.** Yes/No

Permission to administer the emergency inhaler or auto-adrenaline injector (AAI) will be taken from your child's Annual Permission Form

4. Insurance Cover

I understand that the visit is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the visit. I also understand that any extension of insurance cover is my responsibility unless advised differently by the School.

5. Declaration By Parent/Carer

> In the case of an emergency I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

> I have read the attached information provided about the proposed visit and the insurance arrangements.

> I consent to my child taking part in the visit and activities, and, having read the information sheet, declare my child to be in good health and physically able to participate in any activities mentioned, subject to any agreed adjustments.

> I have noted where and when the children are to be returned and I understand that I am responsible for my child getting home safely from that place.

> I will ensure that any change in the circumstances (e.g. recent illness, medication or injury) which will affect my child's participation in the visit will be notified to the School prior to the visit.

I accept that there is an inherent risk of injury in participation of adventurous outdoor activities. Risk can be reduced to acceptable levels by implementing appropriate risk assessments. Copies of written risk assessments are available on request from the school.

Signature of Parent/Carer Date

Name of parent/carers in block letters:

Address:

Note: Please return this completed form to school.

Parental Consent to Administer Medicine (without MP signature)

This school/setting will not give your child medicine unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and Procedures and you complete and sign this form.

School/Setting:			
Name of Child:		Gender:	MALE / FEMALE
Date of Birth:		Class/Form:	
Date for review to be initiated by:			
Medical diagnosis, condition or illness			
MEDICINE(S)			
Name/type of medicine(s) (as described on the container)			
Expiry date			
Dosage and method of administration			
Timing			
Special precautions or other instructions e.g. with food etc.			
Side effects that the school/ setting must know about			
Can the child self-administer?		YES / NO	If YES is supervision required?
Does any medicine need to be carried by the child on their person, what and where will they keep it?		YES / NO	
Procedures to take in an emergency			

PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy.

CONTACT INFORMATION			
Name:			
Relationship to Child:			
Address:		Work Tel. No:	
		Home Tel. No:	
		Mobile Tel. No:	
I understand that I must deliver the medicine personally to: (name the agreed member(s) of staff)			
I understand that my child must have a working, in-date and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day.		YES NO N/A	
I consent to my child receiving, in an asthma emergency, salbutamol which has not been prescribed to them.		YES NO N/A	
The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school/setting staff administering medicine in accordance with the policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medicine or if the medicine is stopped.			
Signed:		Date:	

Record of Medicine Administered to an Individual Child

All medicines administered to individual children must be recorded on this sheet.

In addition, the supply, possession and administration of some medicines are strictly controlled by the Misuse of Drugs Act and its associated regulations and are referred to as 'controlled drugs'. Examples would include methylphenidate (Ritalin), Midazolam, Diazepam etc. In the case of controlled drugs, it is best practice for the administration of such substances to be witnessed by a second adult. Record the name of the member of staff administering the drug and they should initial under 'Staff initials (1)'. The second member of staff witnessing the administration of controlled drugs should initial under 'Staff initials (2)'. These initial signatures should be legible enough to identify individuals.

The quantity of controlled drugs received from and returned to parents must be carefully accounted for and recorded on this sheet. .

Name of school/setting:					
Name of child:		Date of Birth:		Class/Form:	
Name and strength of medicine:					
Dose and frequency of medicine:					
Date medicine received from parent:		Expiry date of medicine:		Date medicine returned to parent:	
Quantity of medicine received:				Quantity returned to parent:	
Staff Signature:			Parent Signature:		

PLEASE NOTE: parents must be informed of the non-administration of medicine that is due - record the reason for non-administration under 'Any reaction'

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

Returning to school

- Depart Plas Menai Friday 23rd May after lunch (2 p.m.)
- Return to school approximately 4.30 p.m. Collection from Junior Yard.

