**Application Form for Alternative Assessment Arrangements**

**Examinations/Tests**

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| ***Please return completed form to Student Success Advisor***  ***no later than 10 (ten) days before the first assessment.*** |

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| Student ID: | |
| Name: | |
| Address | |
|  | |
| Phone No: | Email: |

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| --- | --- | --- | --- | --- |
| Programme Code and Name | Date of assessment | Time of assessment | Programme Coordinator | Alternative Arrangements Required *(refer to list below)* |
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**LIST OF ALTERNATIVE ARRANGEMENTS**

Reader/Writer Computer

Separate Room Enlarged Script

Braille Special writing surface (e.g. sloping, write-board)

Taped Special seating required (e.g. kneeling chair, gas-lift chair)

Extra Time Other *(please specify)*

**ALTERNATIVE ARRANGEMENTS - Temporary / Permanent** *(please select one)*

Supporting documentation held by Student Success verifies impairment is permanent.

Student signature: Date:

**Office use:**

Date request received: Documentation of needs attached: Yes / No

Head of College signature Date

Student Success Advisor signature Date

**Approved / Declined**

**DOCUMENTATION OF NEEDS - To be completed with all applications.**

Please describe your impairment / condition and how it affects your ability to perform the assessment / examination / test.

Supporting Documentation Attached: Yes / No

*(Please Note: Must be on letterhead of the professional practitioner)*

**OR**

Verification of Needs from:

* Doctor or relevant health professional
* Audiologist
* Learning/Literacy/Reading-Writing e.g. Educational Psychologist, Psychologist, SPELD assessor
* Other professional as deemed relevant

Please note: Supporting evidence from relevant professional **MUST** clearly specify the alternative arrangements or equipment recommended and verification of why this is required.

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Name of Professional:

Address:

Signature: Date:

Stamp from practice or letterhead must be supplied as verification