

Reasonable Adjustment Request Form

Please complete this form if entering candidates who are affected by long-term disability or learning difficulties and who require Reasonable Adjustment arrangements. Please read the policy before completing the form. This form must be returned to the SDTA Office at least 21 days before the examination.

1. **School/teacher name**.....

2. **The Candidate**

Candidate Name
Date of Examination
Proposed Examination

3. **Reasonable Adjustment Arrangements**

a) Reason for requiring Reasonable Adjustment Arrangements, and special provision to be provided at the examination venue. (e.g. extra time)
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b) Evidence to support request (e.g. medical certificate, statement from parents/medical practitioner etc)
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4. **Declaration**

I confirm that the information provided is accurate and I fully support the application. If granted, appropriate Reasonable Adjustment arrangements will be provided for the candidate.

Name of teacher/Principal of school (Print)			
Signature			
E-mail address		Date	

For SDTA Office Use

Received by:		Position:	
		Date:	
Any referral / further action agreed:			
Date Examiner informed			