Request for Special Provision

Student name: ______________________________  Year level: ______________________________

Subject: ______________________________  Teacher name: ______________________________

Assessment Task: Assignment  Exam  Assessment task due date: ____________________________

Reason for special provision request: (tick appropriate reason)
- disability such as those of a sensory, motor or neurological nature.
- English is an Additional Language or Dialect (EAL/D).
- certified medical condition, pre-existing and documented record of illness or injury.
- gifted or talented.
- life circumstances that impact on equitable assessment.
- other: ______________________________________________________________________________

Type of special provision: (tick appropriate reason)
- presentation – changing how an assessment appears or is communicated to a student from the regular format.
- response – allowing students to complete assessments in different ways that does not compromise what is specifically being assessed.
- setting – changing location including the physical or social conditions in which the assessment is completed.
- timing – allowing the student a longer time to complete the assessment, or change the way the time is organised or when the assessment is scheduled.
- other: ______________________________________________________________________________

Student signature: ______________________________  Date: ______________________________

Parent/carer signature: ______________________________  Date: ______________________________

Teacher comment:
____________________________________________________________________________________
____________________________________________________________________________________

Teacher signature: ______________________________  Date: ______________________________

Head of Department comment:
____________________________________________________________________________________
____________________________________________________________________________________

____________________________________________________________________________________

APPROVED  NOT APPROVED

Student informed:  Yes  No  Date: ______________________________

Parent/carer informed:  Yes  No  Date: ______________________________

Teacher/curriculum HODs informed:  Yes  No  Date: ______________________________