



Blakehurst High School

Principal
Mrs S. Kapsimalis

APPLICATION FOR IN-SCHOOL DISABILITY PROVISIONS (APPENDIX E)

Complete and return to the Learning and Support Teacher

Student's Name: Date: / /

Nature of Disability:

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Describe how this disability affects you during exams:

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Type of provision required:

Separate supervision

Rest breaks

Personal computer

Reader/writer

Special fonts/special paper

Toilet breaks

Special seating/standing

Diabetic Provisions

Other (please list):

Medication/healthcare breaks

Stand and stretch

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Describe how the requested provision/s will help you during exams:

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Do you have a formal diagnosis for this disability? (documentation)

Yes

No

List your subjects:

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