



Blakehurst High School

Application for Reasonable Adjustments to School-Based Assessments



Surname		First Name	
Year Group		Date	

List the subjects that reasonable adjustments are being applied for.			

What is the nature of the disability?	
What is the impact of the disability on the students' ability to access and respond to the assessment task	

Tick the reasonable adjustment/s applied for.				
<input type="checkbox"/>	Small group supervision	<input type="checkbox"/>		
<input type="checkbox"/>	Individual supervision		<input type="checkbox"/>	Reader
<input type="checkbox"/>	Rest breaks		<input type="checkbox"/>	Writer
<input type="checkbox"/>	Medical breaks		<input type="checkbox"/>	Oral or Sign Interpreter
<input type="checkbox"/>	Toilet breaks		<input type="checkbox"/>	Personal computer
<input type="checkbox"/>	Extra time		<input type="checkbox"/>	Furniture and/or equipment
<input type="checkbox"/>	Other (specify)		<input type="checkbox"/>	Large-print, colour paper, braille
		<input type="checkbox"/>	Other (specify)	

How will the adjustments allow the student to access and respond to assessments?	
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Do you have a formal diagnosis of the disability?	Yes	No
Have you attached documentation to this application?	Yes	No

Student Signature		Date	
Parent Signature		Date	