Disability Provisions Application Year 7 - 11

Student name: ____________________  Year ______  Wellbeing: ______

Disability provisions are approved by the Principal to provide students who have a permanent or temporary disability with practical support in examinations and assessments. Where a student has a condition that might manifest itself during an examination session (eg epilepsy or asthma), that occurrence would be covered by the illness/misadventure provisions. Regardless of the nature of the disability, the provisions granted will be solely determined by the implications for the student’s functioning in an examination situation.

**Reason for disability provision application:** *(Please indicate)*

- [ ] Learning Difficulties: (dyslexia, Intellectual)
- [ ] Medical (mental health, aspergers, anxiety, diabetes, sensory, autism, psychological, physical)
- [ ] Chronic illness
- [ ] Hearing / Vision

Supporting documentation, completed by a medical professional, must be attached. It should include the date of diagnosis, likely duration, how the condition will affect the student in an examination or assessment setting, the adjustments that they would recommend, medications, side-effects and treatment or therapy.

The student and parent must understand that while the Principal may grant disability provisions in Year 7 – 11, it does not guarantee that the NSW BOSTES will approve the provisions in Year 12. A separate application will need to be made to the NSW BOSTES for commencement of the Higher School Certificate.

Parent Signature ____________________  Student Signature: ____________________

*Return completed forms to Ms. Graham by Friday Week 4 each term for decision by the Learning Support Team.*

*Decision Details: Outcome: Approved / Declined*

**Provisions approved:**

- [ ] Braille papers
- [ ] Large print paper
- [ ] Use of a writer
- [ ] Use of a reader
- [ ] Extension of time
- [ ] Rest breaks
- [ ] Alternate time
- [ ] Alternative setting
- [ ] Voice assist device
- [ ] Medication allowances
- [ ] Use of computer
- [ ] Coloured paper
- [ ] Individual supervision
- [ ] Small group supervision
- [ ] Sensory provision: ___
- [ ] Other provision: ___

Comment: ___________________________________________________________________

__________________________________________________________________________

DP Signature: ____________________  Date: __________  Review Date: __________

Copies to:  □ Student/Parent  □ Year advisor  □ LaST  □ HT Welfare  □ Exam Coordinator  □ Counsellor  □ Executive  □ File