



## APPLICATION FOR EXAMINATION PROVISIONS

<b>Student's name</b>		<b>Year group</b>	
<b>Date of application</b>		<b>Academic year</b>	2020
<b>DIFFICULTY OR DISABILITY CATEGORY</b>			
<i>Tick any that apply</i>			
	ADHD		
	Autism Spectrum Disorder		
	Back pain		
	Cerebral Palsy		
	Crohn's Disease		
	Diabetes		
	Epilepsy		
	Hand writing difficulty		
	Hearing impairment		
	Irlen Syndrome (Scotopic sensitivity)		
	Language disability (Expressive/ Receptive)		
	Intellectual disability		
	Mental Health E.G. Anxiety disorder / Depression / OCD / ODD Please specify: _____		
	Specific Learning Disorder (Dyslexia)		
	Vision impairment		
	OTHER:		

**EVIDENCE OF IMPACT OF DIFFICULTY OR DISABILITY**

Describe how the condition impacts on your ability to access examinations in the regular setting.

If approved, how will the provisions applied for help you to do your best in these examinations?

Student's signature: \_\_\_\_\_

Parent/Carer's signature: \_\_\_\_\_

**EVIDENCE OF DIFFICULTY OR DISABILITY**

Tick any that apply	Evidence type	Evidence attached	Held at school
	Specialist report		
	Medical health care plan		
	Speech Pathology report		
	Personalised Plan		
	Standardised assessment		
	Audiometry report		
	Vision report		
	Mental Health Care Plan		
	Irlen report		
	Occupational Therapy report		
	OTHER:		

**OFFICE USE ONLY:**

Date received:

Date presented to LSG:

Provisions approved:

Provisions declined:

Date of consultation with parent/carer/student

LSC Signature

Date