|  |
| --- |
| Student Name:  Student Number: |



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Subject: | | | | | | |
| What exam access arrangements do you think the student needs? *(please tick)* | | reader | | | prompt | |
| Scribe/word processor | | | coloured paper / overlay | |
| extra time | | | separate room: own room/up to 15 (please circle) | |
| rest breaks | | | Other: | |
| What **substantial** and **persistent impairment** (**special educational needs disability** or **temporary injury**) does the student have? | | | | | | |
| How does this put the student at a **substantial and persistent disadvantage** comparedto the other students? | | | | | | |
| What adjustments have you made for the student to overcome their impairment? | | | | | | |
| What evidence do you have to demonstrate these adjustments have an impact on the student’s performance (attach if appropriate)? | | | | | | |
| FAP 1 | Grade before 25% extra time added | |  |  | |  |
| FAP 2 | Grade before 25% extra time added | |  | Grade after 25% extra time added | |  |
| FAP 3 | Grade before 25% extra time added | |  | Grade after 25% extra time added | |  |
| FAP 4 | Grade before 25% extra time added | |  | Grade after 25% extra time added | |  |
| I confirm this is the student’s **normal way of working**:  Name: ………………………………………………. Signed: ……………………………………….Date: …………… | | | | | | |