



TO BE COMPLETED BY THE TEACHER

SCHOOL QUESTIONNAIRE

1. State reason for requesting examination concession(s).

- Learning/Neurological/Developmental
- Medical/Physical/Sensory Disability
- Special Circumstances /Emergency

Please Specify if Other: \_\_\_\_\_

2. Has the student ever been referred to an external agency or professional to address this concern?  Yes  No

If Yes, indicate professional agency/agencies, from which assistance was sought:

Student Support Services Division



- Guidance Officer
- Special Education Instructor
- School Social Worker
- Educational/School/Clinical Psychologist
- Behavioural Specialist

Other External Agencies. Please Specify: \_\_\_\_\_

State Reason(s) for Referral: \_\_\_\_\_

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**7. How does the student respond under standard examination conditions?**

(For example, does the student display examination anxiety, need to be kept on task or prompted, need frequent breaks...)

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**8. (a) Are accommodations made for the student during end of term examinations?**

Yes     No    **If Yes, Please Specify:** \_\_\_\_\_

Extra Time     Reader     Interpreter

Amanuensis/Writer     Other (Specify): \_\_\_\_\_

**(b) How does the accommodation affect the student's performance? Please explain.**

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**I acknowledge that students who regularly benefit from alternative arrangements/curricular accommodations, or who previously received examination concessions, do not automatically qualify for the equivalent special arrangements at NLA, SEA, PSLCE and NCSE.**

NAME OF CLASS TEACHER

SIGNATURE OF TEACHER

DATE

TO BE COMPLETED BY THE PRINCIPAL

SCHOOL QUESTIONNAIRE

9. Please Specify the Nature of Concession(s) Requested

	SUBJECT	CONCESSION REQUESTED
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

10. Please indicate which of the following accommodations are required.

(a) Test Format Requested:

- Standard Format   
  Large Print   
  Braille   
  E-Testing  
 Use of Assistive Devices

(b) Support Personnel Required:

- Reader   
  Sign-Language Interpreter   
  Student Aide   
  Scribe  
 Other

If Other, Please Specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

