![SACE BOARD SOUTH AUSTRALIA logo]

Eligibility for Modified Subjects
For school use only

Please refer to Information Sheet 17 for information regarding modified subjects.

*Do **not** submit this form to the SACE Board.*

Name of student

Family name _____ Given name(s) _____

SACE registration number [ ][ ][ ][ ][ ][ ][ ]   Year/class _____

Evidence of disability

A range of evidence should be considered to determine eligibility for the student, including teacher observations, samples of student work and medical/independent professional information.

☐	Medical/psychological report/s
☐	NEP/IEP
☐	Teacher observations
☐	Student work samples
☐	Other

Record of adjustments

Provide details of the *Extensive and/or Substantial Adjustments* in place for the student	Subject (List subjects for which each adjustment is provided or, if provided for all subjects write **ALL**)	Teacher's initials

Confirming eligibility

For eligibility to be confirmed each of the following boxes *must* be marked (x).

☐ The student has a documented or imputed disability that results in significant impairment in intellectual functioning and/or adaptive behaviours.

☐ The disability cannot be addressed through reasonable adjustments under the *Special Provisions Curriculum and Assessment Policy*

☐ The disability means the student cannot meet and/or provide evidence against the performance standards of subjects at C/C- level or higher because of their disability

☐ The student is, or will be, recorded on the NCCD database as requiring extensive or substantial adjustments

Consultation

It is vital to consult students and carers about the appropriateness and effect of enrolment in modified subjects. For eligibility to be confirmed each of the following boxes must be ticked.

☐ Flexible options have been considered, where appropriate

☐ Pathway implications have been discussed with the student and parent/caregiver

☐ Student and parent/caregiver give consent for enrolment

Comments

_____

_____

_____

Eligible / Not eligible

If not eligible, rationale for ineligibility

_____

_____

Declaration

Signature of student (if appropriate) _____ Date _____

Signature of parent/caregiver _____ Date _____

Signature of principal (delegate) _____ Date _____