# Special provisions

# Request for external assessment adjustments

* Requests made on the basis of known pre-existing conditions are due at the SACE Board by **4 April 2024**, so that the required adjustment(s) can be arranged. Applications received after this date will be considered on an individual basis.
* Email completed form to [SACE.SpecialProvisions@sa.gov.au](mailto:SACE.SpecialProvisions@sa.gov.au)
* Refer to the [Special provisions in curriculum and assessment](https://www.sace.sa.edu.au/coordinating/admin/special-provisions) page for more information.

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| Na mName of student  (BLOCK LETTERS) Family name Given names | | |  |  |  |  | |  | |  | |  | | |
| SACE registration number | | | | | | | | | | |
| Contact school |  | SACE Board school number | | | | |  | |  | |  | |

School contact person School contact phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School contact email

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s declaration  I declare that the reasonable adjustments requested are the most appropriate for me, and all information provided to my school is true and correct. I give permission to SACE Board of South Australia officers to obtain further details from my school if considered necessary. I understand that the SACE Board will treat this information confidentially.  Signature of student Date  Signature of parent Date  (Required for students under 16 years of age)  I am happy for the SACE Board to contact me in the year following this request, to seek feedback on the special provisions process and the use of any provisions granted to me.   |  |  |  |  | | --- | --- | --- | --- | |  | Yes. Please provide your email address: |  | No | |  | | | | |

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| Principal’s (or delegate’s) declaration  The SACE Board of South Australia as an education provider, and schools as educational institutions, share responsibilities and obligations under the *Disability Discrimination Act 1992* and Disability Standards for Education 2005 to make reasonable adjustments in curriculum and assessment to enable eligible students to participate in programs and associated assessments on the same basis as other students. In making reasonable adjustments, the knowledge, skills, and standards of subjects and certification requirements are maintained.  Based on my review of this application and the evidence held by my school, to the best of my knowledge:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Yes | |  | No | | | * this student is eligible for special provisions on the grounds listed on page 2 of this form | |  |  |  | |  | |  |  |  | | * the adjustments listed on page 2 of this form are the reasonable adjustments most appropriate for this student in the external assessment(s) identified | |  |  |  | |  |  | | * similar reasonable adjustments are available to this student for comparable school assessment tasks | |  |  |  |   I have checked that all details are correct.  Name of principal/delegate  Signature of principal/delegate Date |

Grounds for eligibility

Identify all grounds that form the basis of this request. Please tick the appropriate boxes.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Hearing impairment |  | Learning disorder |  | Medical condition |  | Physical disability |  | Psychological disorder |
|  | Vision impairment |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

Subjects requiring adjustments — external assessment only

*For further information, please refer to the relevant instruction sheets in* [*Special provisions*](https://www.sace.sa.edu.au/web/special-provisions/resources) *on the SACE website.*

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| Subject name | Code |
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Investigation adjustments

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|  | Request for an extension to submission date. If approved, the SACE Board will notify you of the new due date. |

Examination adjustments

Please tick those that apply and state the necessary requirements:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Examination to be provided in standard enlarged format (A3 paper, Arial font, size 14 text). | | | | | | | | | | | | |
|  | Alternate formatting for paper exam required (e.g. large text (size XX), A4 paper, different font).  \* Provide details of specific requirements below. | | | | | | | | | | | | |
|  | Examination to be provided on coloured paper. Specify colour, shade, and brand if possible.  \* Provide details of specific requirements below. | | | | | | | | | | | | |
|  | Braille paper required. *\** *Provide details of specific requirements below.* | | | | | | | | | | | | |
|  | Assistive technology to be used, e.g. screen reader, text to speech, speech to text.  \* Provide details of specific requirements below. | | | | | | | | | | | | |
|  | Written description of videos, images, and/or graphics required.  \* Provide details of specific requirements below. | | | | | | | | | | | | |
|  | Paper copy of electronic examination (e-exam) required. *Please tick student response method.* | | | | | | | | | | | | |
|  |  |  | E-exam |  | Paper exam | | |  |  |  |  | | |
|  | MS Word document of examination required. *Please tick student response method.* | | | | | | | | | | | | |
|  |  |  | Word document |  | Paper exam |  | E-exam (current e-exam subjects only) | | | | | | |
|  | PDF document of examination required. *Please tick student response method.* | | | | | | | | | | | | |
|  |  |  | PDF |  | Paper exam |  | E-exam (current e-exam subjects only) | | | | |  | Word document |
|  | Other. *\* Provide details of specific requirements below.* | | | | | | | | | | | | |

\* Please provide details / other information

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*To discuss reasonable adjustments, and for further assistance, please contact the SACE Board on +61 8 8115 4854.*