

CARIBBEAN EXAMINATIONS COUNCIL

APPLICATION FOR SPECIAL ASSESSMENT ARRANGEMENTS

The Council requires all applicants to complete this form before Special Assessment Arrangements can be approved. Before completing this form, please read the Council's manual which provides further information on special assessment arrangements.

Any relevant documentation must be provided to support this application, including a report and recommendation from an independent specialist, for example, medical practitioner, education consultant or psychologist. (ORIGINAL DOCUMENTS ONLY)

A. TO BE COMPLETED BY CANDIDATE								
EXAMINATION PERIOD								
Year: 20 Sitting: (select one only): January CSEC®								
May/June ☐ CAPE [®] ☐								
CCSLC [®] □								
CENTRE DETAILS								
Centre No: Centre Name:								
Name of Principal:								
Telephone No(s): () ()								
Fax No: ()								
E-mail Address:								
APPLICANT'S PERSONAL DETAILS								
Candidate's Registration Number (if known):								
Candidate's Last Name:								
First Name(s):								
Date of Birth: / / Gender: Male								
REASON FOR APPLICATION								
State the reason for the application as precisely as possible, for example, impaired vision, cerebral palsy, learning disability, temporary physical disability, etc.								
If the candidate has previously applied to CXC for Special Assessment Arrangements, please indicate the year of the most recent application and whether it was approved:								
Year: Approved \square Not Approved \square								

B. TO BE COMPLETED BY THE PRINCIPAL OR HIS/HER NOMINEE

	SPECIAL	ASSE	SSME	ENT A	RRA	NGE	MENTS GRANTEI	D BY C	ENT	'RE		
Has	the candidate been g	granted	special	arrang	gement	s in sc	hool examinations by	the cen	tre?			
			No			Y	es □					
A.	If NO, give reasons why special arrangements have not been provided in school examinations before this application.								efore			
В.	If YES, use the c attendance.	odes be	elow to	o indic	cate the	e type	s of special assistance	ce giver	duri	ng ea	ich yea	ar of
					C	ODES	; *					
	002: Reader assi 003: Writer (Am 004: Extra time to 005: Signer for to	stance a anuensi up to 10 he heari stion pa rint ques omputer s	and extra sist assist assist and extra sing impers and extra strict assist assi	ra time stance es in the caired extra apers	e up to and ex he hour and ext a time	15 min tra tim r. tra tim	extra time up to 15 m nutes in the hour. he up to 15 minutes in e up to 15 minutes in 0 minutes in the hour	the hou	r	ioui		
	Subject	Special Assessment Arrangements (CODES*)					Subject	Special Assessment Arrangements (CODES*)				
		CCSLC®	CS	EC®	CA	PE®		CCSLC®	CSI	EC®	CAP	E®
		Year 3	Year 4	Year 5	Year 6	Year 7		Year 3	Year 4	Year 5	Year 6	Year 7

SPECIAL ASSESSMENT ARRANGEMENTS REQUESTED

Indicate the type of special arrangements that are being requested for each subject the candidate is registered to write:

			Required Arrangement(s)	PRIVATE CA	CXC USE				
Subject Name	Unit	Proficiency		ONI ALTERNATI					
Subject Name	(CAPE)	(CSEC)	(Use codes on pg 2)	YES	NO	ONLY			
OTHER COMMENTS									
Please add any other comments you wish to make in support of the application.									
PRINCIPAL'S DECLARATION									
I declare that to the best of my knowledge the information provided in this application is correct.									
Name:									
	lock Capitals) Principal/Nominee				Designation				
Signature:	Date:	Date:							
	- T				,				

Affix school stamp

CANDIDATE'S DECLA	ARATION
Special assessment conditions may not be approved if this declar	aration is not fully completed and signed.
т	
ICandidate's name in block ca	pitals
understand that if this application for special assessment as preliminary slip may be endorsed as appropriate.	
Signature:	Date:
Signature:	DD/MM/YY
Signature:	Date:
Parent/Guardian (if candidate is less than 18 years of age)	DD/MM/YY
I declare that to the best of my knowledge the information providence: **Local Registrar**	
Signature:	Date:
Local Registrar*	
*The Local Registrar must sign on behalf of all private candidates with	ho are not enrolled in an educational institution.
FOR OFFICIAL U	USE
Date Received:	
Completed Form Approved Approved	Not Approved
Medical Report/Psychologist's evaluation ☐ Date	LR notified