

Reasonable Adjustments and Special Considerations Form



Please complete this form in full using BLOCK CAPITALS. Applications will only be accepted from centre co-ordinators, tutors or assessors.

Centre Co-ordinator Details

Title		STA Reference Number	BEGINS WITH AM OR S/
First Name		Last Name	
Address			
		Postcode	
Email Address			
Telephone Number			

Tutor/Assessor Details

Title		STA Reference Number	BEGINS WITH AM OR S/
First Name		Last Name	
Address			
		Postcode	
Email Address			
Telephone Number			

Course Details

Qualification Title			
Course Reference Number		Course Start Date	DD/MM/YYYY
Theory Assessment Date	DD/MM/YYYY	Practical Assessment Date	DD/MM/YYYY
Venue Name			

Learner Details

Title		Date of Birth	DD/MM/YYYY
First Name		Last Name	
Address			
		Postcode	
Email Address			
Telephone Number			

Reasonable adjustments requested for the learner. Please indicate all which apply.

- Modified or enlarged assessment papers
- Assessment time extension
- Use of a reader
- Use of a scribe
- Use of a sign interpreter
- Other adjustment request (please specify)

Special considerations requested for the learner. Please indicate all which apply.

- Assessment paper score adjustment
- Assessment paper problem
- Rearrangement of assessment
- Other consideration (please specify)

I confirm that the learner named above requires the reasonable adjustments and/or special considerations stated above, and that I have included with this request all appropriate supporting evidence.

Role	<input type="checkbox"/> Centre co-ordinator <input type="checkbox"/> Tutor <input type="checkbox"/> Assessor
Co-ordinator/Tutor/ Assessor Signature	
Date	DD/MM/YYYY

FOR OFFICE USE ONLY

	Course Reference Number	
--	------------------------------------	--