

## APPLICATION FOR ACCESS ARRANGEMENTS (INTERNAL EXAMS)

Section 1 Pupil's Information	
Pupil's Name: (As in Birth Cert)	
Birth Cert No.:	
Class	

Section 2 Reason for Application <i>(Must be supported by a Psychological Report or a Medical Specialist Letter/Memo)</i>
<b>2.1 Learning Disabilities</b>
<input type="checkbox"/> Dyslexia <input type="checkbox"/> ADHD <input type="checkbox"/> ASD <input type="checkbox"/> Speech/Language Impairment (including Specific Language Impairment) <input type="checkbox"/> Others, <i>pls specify:</i> _____
<b>2.2 Physical Disabilities</b>
<input type="checkbox"/> Hearing Loss <input type="checkbox"/> Speech Impairment/Difficulties <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Others, <i>pls specify:</i> _____
<b>2.3 Medical Condition</b>
Medical Condition: <i>Pls specify:</i> _____

Section 3 Access Arrangements Requested
<input type="checkbox"/> Extra time for all written subjects

Extra time for (*Pls state specific subject &/or paper*):

Additional Question Paper for English Paper 2 to aid in Comprehension section

Additional Question Paper for MT Paper 2 to aid in Comprehension section

Enlarged question papers for all modes of examination (*Enlarged QPs are in A3 & single-sided*)

**Others, pls specify details \* (*Pls do not repeat AA requests above.*)**

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#### **Section 4 Psychological Report/Medical Specialist Letter/Memo**

Kindly tick (✓) the box that applies.

Pupil's psychological report and/or supporting documents are attached

Pupil's psychological report and/or supporting documents have been submitted to the school

#### **Section 5 Parent's Acknowledgement and Particulars**

*I understand that Access Arrangements are **granted on a needs basis** in consultation with my son's teachers and observations. This will be gradually faded away based on data collected and on the invigilator's feedback and will be communicated to you. This is in line with our school's policy of growing our pupils into independence.*

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Signature

Contact Numbers: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_