

Candidates with special assessment needs

Submit to: **Coordinator help desk at IB Cardiff** Arrival date: **15 November / 15 May**

School number:

0	0				
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 Intended examination session(s):

Candidate name:

Registration category (A/D/R/C):.....

- *Write legibly using black ink and retain a copy of this form.*
- *Submit this form 12 months before the written examinations to the coordinator help desk at IB Cardiff to arrive by **15 May/15 November**.*
- *Include all affected subjects in the appropriate section below.*
- *Attach supporting documentation and, where appropriate, a translation in English, French or Spanish.*

Documentation attached: Medical certificate Other

Subject details

Subjects	HL	SL	Intended session
1			
2			
3			
4			
5			
6			
Additional subject(s):			

Special arrangements already made within the school for class work, tests, etc:

International Baccalaureate

D1 (reverse)

School number:

0	0				
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Candidate name:

Category for special arrangements

Please tick the appropriate box or boxes:

- | | |
|---|--|
| <input type="checkbox"/> Specific learning difficulties _____ | <input type="checkbox"/> Physical _____ |
| <input type="checkbox"/> Communication/speech disorders _____ | <input type="checkbox"/> Sensory _____ |
| <input type="checkbox"/> Medical _____ | <input type="checkbox"/> Mental health _____ |
| <input type="checkbox"/> Emotional and behavioural difficulties _____ | |

Requested special arrangements

Please tick the appropriate box or boxes:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Additional time (4.1) | <input type="checkbox"/> Rest periods (4.2) | <input type="checkbox"/> Word processor | <input type="checkbox"/> Amanuensis (4.4) |
| <input type="checkbox"/> Reader (4.5) | <input type="checkbox"/> Modified papers (4.8) | <input type="checkbox"/> Other: please specify | <input type="checkbox"/> |

Additional information/requests:

Modified papers

- | | |
|--|---|
| <input type="checkbox"/> A3 enlargement | <input type="checkbox"/> Braille _____ |
| <input type="checkbox"/> Font size _____ | <input type="checkbox"/> Coloured paper _____ |

To be completed by the Diploma Programme coordinator or head of school:

I confirm that to the best of my knowledge the information provided in this form is accurate and I fully support the application for special arrangements.

Name:

Position:

Signature:

Date: