Wellington Community High School

Cambridge Assessment Access Arrangements Form

Access arrangements must be based on evidence of the barrier to assessment and evidence of need. The evidence of need will vary depending on the disability and the access arrangements being applied for.

Evidence must meet the following criteria:

- This form must be filled out **COMPLETELY** for students to be granted access arrangements
- All documentation must be provided by an appropriate professional or a suitable qualified specialist teacher (not related to the candidate) within 36 months of the exam series
- Documentation MUST state the specific barrier to learning that requires the modification to overcome

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ndidate Name:						Candidate N	Number:
am series: JUNE or	NOV	EME	BER	(yea	r)		
SECTION A: Acc	ess A	∆rra	nge	me	ents		
						s offered by our sch	ool for Cambridge exams.
Put a check the box(J
25% extra time		Word processor (no spelling or grammar check)			sor (no	Supervised rest breaks	Color overlay or
					ammar		modified paper
							(specify)
(Write "see attached"	if answ	ered	in at	tache	ed evidence)		
(11110 See attached							
		/ al: a -					
Explain WHY the disa	ability/	_			•	•	• , ,
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Explain WHY the disa on academic area be review all written wo	ability/ ing ass	sesse c.)	d. (e	e.g.,	dyslexia requ	•	• , ,
Explain WHY the disa on academic area be	ability/ ing ass	sesse c.)	d. (e	e.g.,	dyslexia requ	•	ingement(s) because of impa e for student to complete and
Explain WHY the disa on academic area be review all written wo	ability/ ing ass	sesse c.)	d. (e	e.g.,	dyslexia requ	•	• ,,
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Explain WHY the disa on academic area be review all written wo	ability/ ing ass	sesse c.)	d. (e	e.g.,	dyslexia requ	•	• , ,

SECTION C: History of Access Arrangements/ Assessment

Accommodations:

	mmodations on assess	sments and awarding body. (e.g., 25% extra ti	me on SAT -					
College Board, etc.) (Write "see attached" if a	nswered in attached evi	idence)						
SECTION D: Evide	<u>nce</u>							
		within 36 months of the exam series and inclosed records, psychological assessments, scree						
Evidence must incl	ude:							
Printed name of qualified								
Years of experience in fie								
Credentials of qualified sp								
Signature of qualified spe								
SECTION E: Verific	<u>cation</u>							
Evidence must be verifice suitably qualified specia		rofessional (e.g., a medical professional, 504 o	designee, or					
Evidence attached: YE	es no							
TUDENT SIGNATURE	DATE	PARENT/GUARDIAN SIGNATURE	DATE					
ODENT SIGNATURE	DATE	FARENT/GUARDIAN SIGNATURE	DATE					
I certify that I have rece the requested access a		idence and verify that it states why the stude	ent requires					
Signature of Exam Officer	:	Date:						