



APPLICATION FOR ACCESS ARRANGEMENTS (INTERNAL EXAMS)

Section 1 Pupil's Information	
Pupil's Name: (As stated in Birth Cert)	
Birth Cert Number.:	
Class :	

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

Section 3 Access Arrangements Requested
<input type="checkbox"/> Prompter <input type="checkbox"/> Visual Cues <input type="checkbox"/> Extra time for all written subjects <input type="checkbox"/> Extra time for (Please state specific subject &/or paper): _____
Others (please specify details) <input type="checkbox"/> _____



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 child's teachers and observations. This may be gradually withdrawn, based on the data and invigilator's feedback collected and will be communicated to me. This is in line with the school's policy of growing students into independence.

Parent's Name

Parent's Signature

Contact Numbers: _____

Email Address: _____

Date: _____