

# Request for Reasonable Adjustments Form



A reasonable adjustment is any reasonably achievable action that helps to reduce the effect of a disability or difficulty that places the learner at a substantial disadvantage in the assessment situation. Reasonable adjustments must not affect the reliability and validity of assessment outcomes and must be as rigorous as assessment methods used with other learners.

School name	
Site address of planned examination	
Date of exam	
Exam levels	

Please use this box to add the following (or attach file to this document):

- Candidate name/s
- Disability/ and or difficulty.
- Reasonable adjustment/s requested.

# Request for Reasonable Adjustments Form



**Declaration:**

**I confirm that:**

- The information in this application, and all supporting evidence, is accurate and genuine.
- The reasonable adjustment/s will be implemented in accordance with the guidance given by Anglia.
- The centre/ school will not exceed the allowances given.
- This record will be kept by the centre and made available to Anglia HQ upon request for 6 months.

*You should complete the form as evidence for all learners requesting a reasonable adjustment. Please use one form per exam session. You may include multiple candidates on the form. Anglia Examinations have agreed that the supporting evidence can be held at the school by the SEN coordinator. We request that the SEN coordinator signs this form/ prints name, and as such is declaring they hold sufficient evidence of the required reasonable adjustment, and for purpose of audits will share when requested by Anglia HQ. This form must be submitted on registration of candidates. If the level of adjustment requires actions from Anglia Examinations e.g. for amendments to papers, the form must be submitted with sufficient time for Anglia to meet the requirements of the candidate's reasonable adjustment. Please contact the Anglia office to discuss reasonable timescale.*

**Where relevant, we will consider your application and give you a decision within 14 days. We will inform you if we will be unable to reach a decision in this timescale.**

Name	
Position in school/centre (SEN Coordinator/ Director)	
Contact number	
Email address	
Signature or print name	

<b>Office use only:</b>		
Application Received: <input type="checkbox"/>	Application acknowledged: <input type="checkbox"/>	Application agreed: <input type="checkbox"/>
Further action:		
Chief Examiner signature		
Quality officer signature		
Approved? (Select as appropriate)		
Yes, as requested	No, but alternative RA adjustments approved	No reasonable adjustment permitted
Alternative approved/ Reason for refusal/ Further action/ Comments		