



# COLLINSVILLE STATE HIGH SCHOOL



## Request for Special Provision

Student name: \_\_\_\_\_

Year level: \_\_\_\_\_

Subject: \_\_\_\_\_

Teacher name: \_\_\_\_\_

Assessment Task:      Assignment      Exam

Assessment task due date: \_\_\_\_\_

Reason for special provision request: (tick appropriate reason)

- disability such as those of a sensory, motor or neurological nature.
- English is an Additional Language or Dialect (EAL/D).
- certified medical condition, pre-existing and documented record of illness or injury.
- gifted or talented.
- life circumstances that impact on equitable assessment.
- other: \_\_\_\_\_

Type of special provision: (tick appropriate reason)

- presentation – changing how an assessment appears or is communicated to a student from the regular format.
- response – allowing students to complete assessments in different ways that does not compromise what is specifically being assessed.
- setting – changing location including the physical or social conditions in which the assessment is completed.
- timing – allowing the student a longer time to complete the assessment, or change the way the time is organised or when the assessment is scheduled.
- other: \_\_\_\_\_

Student signature: \_\_\_\_\_

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

Parent/carer signature: \_\_\_\_\_

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

Teacher comment:

\_\_\_\_\_  
\_\_\_\_\_

Teacher signature: \_\_\_\_\_

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

Head of Department comment:

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

\_\_\_\_\_  
\_\_\_\_\_

### APPROVED

### NOT APPROVED

Student informed:      Yes      No

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

Parent/carer informed:      Yes      No

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

Teacher/curriculum HODs informed:      Yes      No

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