



Special Condition for Assessment Arrangements Form

This form is to be completed by the student whom has been identified by the Assessment Verification Team for having special conditions for the provision of “reasonable adjustment” in the assessment process. Students do not need to be registered disabled to request assistance from the College. The Head of Department and/or the SQA Coordinator will have the ultimate responsibility for quality assurance in terms of meeting the needs of students enrolling in the SQA accredited programmes.

As appropriate, this includes consideration of any specific difficulties you may have with:

- verbal communication
- concentration and memory
- vision and hearing, including access to audio-visual materials
- undertaking practical work
- using a computer
- undertaking assessments/examinations

Name of Student

Programme

Please describe the nature of the disability/condition for special assessment arrangement?

How can the College better suit your needs?

With your consent, any recommended reasonable adjustments will be shared with relevant staff and the SQA Coordinator at the College to aid the implementation of these adjustments.

The full support plan/report is not shared with anyone not responsible for providing reasonable adjustments for you unless you request this. Similarly, confidential letters or reports confirming the nature of your condition are not shared but, should you wish this to happen, please let us know so we can obtain your consent in writing.

By signing this form, I confirm that I agree with the above information being shared with the relevant College staff as well as the awarding body. In addition, by signing this form, I confirm that the information I have declared is correct.

Signature _____

Date _____

To be completed after the meeting with the Assessment Verification Team.

Please list the appropriate measures to be implemented to assist the student:

The Assessment Verification Team should provide all relevant supporting documents including the minutes of the meeting with this form.

Signature of members of the Assessment Verification Team

Signature of the Head of Department and/or SQA Coordinator

Date _____