

Application for Accommodations for Students with Special Diploma Exam Writing Needs 2016–2017

ALBERTA STUDENT NUMBER

SURNAME

LEGAL FIRST AND MIDDLE NAMES

BIRTH DATE

Year	Month	Day
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 SEX M-Male F-Female TELEPHONE

(e.g., 95 Jul 20)

PERMANENT ADDRESS

Apt/Street/Ave/P.O. Box/Route

Village/Town/City

Province Postal Code

1. Exam administration session for which this request applies (use a separate application form for each session)

- | | |
|--|---|
| <input type="checkbox"/> November 2015 ; deadline for application: October 11, 2016 | <input type="checkbox"/> June 2016 ; deadline for application: April 13, 2017 |
| <input type="checkbox"/> January 2016 ; deadline for application: November 2, 2016 | <input type="checkbox"/> August 2016 ; deadline for application: July 11, 2017 |
| <input type="checkbox"/> April 2016 ; deadline for application: February 27, 2017 | |

2. Requested accommodation(s) by exam (or exam part) and language

For each exam or exam part to be written, indicate the language of the exam and identify the specific accommodation(s) being requested, by number, as indicated in the list and example below. Use the full exam name e.g., English Language Arts 30–1; Science 30. If requesting different accommodations for the part(ie) A and part(ie) B sections of a language arts or social studies examination, specify the accommodations for each part in a separate column e.g. Social 30–1 Part A; Social 30–1 Part B.

- | | |
|--|--------------------------------------|
| No. 1 CD for Visually Impaired Students | No. 9 Sign Language Interpreter |
| No. 2 CD for Students with Learning or Physical Disability | No. 10 Recorded Response |
| No. 3 Extra Time | No. 11 Franklin Language Master |
| No. 4 Frequent Breaks | No. 12 Coloured Paper |
| No. 5 Scribe | No. 13 Text-to-speech software |
| No. 6 Large print | No. 14 Speech-to-text software |
| No. 7 Braille | No. 15 Ambient noise |
| No. 8 Reader | No. 16 Miscellaneous (specify) _____ |

Biology 30	Exam	Exam	Exam	Exam	Exam
<input type="checkbox"/> English <input type="checkbox"/> French #2-CD	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> English <input type="checkbox"/> French
#3-Extra Time					
#6-Large Print					
EXAMPLE					

- School where the course(s) are or were taken
School Name _____ School Code: _____
- Writing centre where the exam(s) will be written.
Writing Centre Name _____ School Code: _____

Student Name: _____ Student ASN: _____

3. Rationale for the requested accommodation(s) (see *Special Cases & Accommodations* section of the General Information Bulletin for details about the requirements for supporting documentation)

This student is not registered with a current special education code and has a learning disability (attach supporting documents):

This student has the following diagnosed **chronic** medical condition(s) (attach supporting documents):

This student is requesting a unique accommodation, other than the listed accommodation types:

4. I attest that the history of use of the requested accommodation(s) for exam writing purposes is on file at the school

Process manager, signature, date

5. Student and parent/guardian declaration

I was permitted and **regularly used** the requested accommodation(s) when writing exams for the course(s) for which the accommodation(s) is/are being requested.

The information provided on this application form is true, accurate, and complete.

Signature of Student

Date

E-mail Address

Signature of Parent or Guardian (if student is under 18 years of age)

Date

E-mail Address

6. Application Process Manager sign-off

To be completed by the principal of the Alberta high school the student is currently attending or his/her delegate.

School Code _____ School Name _____

Name _____ School Telephone _____

Please Print

Area Code

Extension #

E-mail Address _____ Fax Number _____

Area Code

Signature _____ Date _____

The personal information collected on this form is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act*, and will be used to administer and process the writing and/or rewriting of diploma exam(s). It will be treated in accordance with the privacy protection provision of **Part 2** of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, contact the Director, Exam Administration, at 780-427-0010 (to be connected toll-free within Alberta, first dial 780-310-0000).

This form must be submitted to:

Alberta Education, Special Cases and Accommodations
44 Capital Blvd.
10044 – 108 Street
Edmonton AB T5J 5E6

E-mail: special.cases@gov.ab.ca
Phone: (780) 427-0010 Fax: (780) 492-1153
To be connected toll-free within Alberta, dial 310-0000