

## **Special provisions** Request for external assessment adjustments

- Requests made on the basis of known pre-existing conditions are due at the SACE Board by 4 April 2025, so that the required adjustment(s) can be arranged. Applications received after this date will be considered on an individual basis.
- Email completed form to <a href="mailto:SACE.SpecialProvisions@sa.gov.au">SACE.SpecialProvisions@sa.gov.au</a>

Refer to the <u>Special provisions in curriculum and assess</u> .	<u>ment</u> page for more information.
Name of student	
(BLOCK LETTERS) Family name Given name	SACE registration number
Contact school	SACE Board school number
	School contact phone
School contact email	
School contact email	
Student's declaration	
	the most appropriate for me, and all information provided to my rd of South Australia officers to obtain further details from my CE Board will treat this information confidentially.
Signature of student	Date
Signature of parent	Date
(Required for students under 16 years o	i age)
I am happy for the SACE Board to contact me in the year process and the use of any provisions granted to me.	following this request, to seek feedback on the special provisions
Yes. Please provide your email address:	No No
Principal's (or delegate's) declaration	
and obligations under the <i>Disability Discrimination Act 19</i> adjustments in curriculum and assessment to enable elig	king reasonable adjustments, the knowledge, skills, and standards
Based on my review of this application and the evidence	
this student is eligible for special provisions on the gr	ounds listed on page 2 of this form
the adjustments listed on page 2 of this form are the student in the external assessment(s) identified	reasonable adjustments most appropriate for this
similar reasonable adjustments are available to this s	tudent for comparable school assessment tasks
I have checked that all details are correct.	
Name of principal/delegate	
Signature of principal/delegate	Date



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## **OFFICIAL**

<b>Grounds for eligibility</b> Identify all grounds that for	m the basis of this reques	t Please tick the appropri	ate boxes	
☐ Hearing impairment	Learning disorder	☐ Medical condition	Physical disability	☐ Psychological disorder
☐ Vision impairment	Other:			
Subjects requiring adjus	stments — external ass	essment only		
For further information, plea	ase refer to the relevant ins	struction sheets in <mark>Special</mark> ,	orovisions on the SACE web	site.
Subject name				Code
Investigation adjustmer	nts			
Request for an extens	sion to submission date. If	approved, the SACE Board	d will notify you of the new o	due date.
Examination adjustmen	ıts			
Please tick those that apply		requirements:		
☐ Examination to be pro	ovided in standard enlarged	d format (A3 paper, Arial f	ont, size 14 text).	
_	or paper exam required (e. ecific requirements below.	.g. large text (size XX), A4	paper, different font).	
•	ovided on coloured paper.	Specify colour, shade, and	brand if possible.	
	ecific requirements below.	·		
	. * Provide details of specif			
	to be used, e.g. screen read ecific requirements below.	der, text to speech, speech	n to text.	
	videos, images, and/or graecific requirements below.	aphics required.		
Paper copy of electron	nic examination (e-exam) r	required. Please tick stude	nt response method.	
☐ E-exam	☐ Paper exam			
☐ MS Word document c	of examination required. Pl	ease tick student response	e method.	
☐ Word documer	nt Paper exam	☐ E-exam (current	e-exam subjects only)	
☐ PDF document of exa	mination required. <i>Please</i>	tick student response met	hod.	
□ PDF	☐ Paper exam		e-exam subjects only) U	Vord document
Other. * Provide detail	ls of specific requirements	below.		
* Please provide details	/ other information			

To discuss reasonable adjustments, and for further assistance, please contact the SACE Board on 1300 322 920.