

CARIBBEAN EXAMINATIONS COUNCIL

APPLICATION FOR SPECIAL ASSESSMENT ARRANGEMENTS

The Council requires all applicants to complete this form before Special Assessment Arrangements can be approved. Before completing this form, please read the Council's manual which provides further information on special assessment arrangements.

Any relevant documentation must be provided to support this application, including a report and recommendation from an independent specialist, for example, medical practitioner, education consultant or psychologist. (ORIGINAL DOCUMENTS ONLY)

A. TO BE COMPLETED BY CANDIDATE

EXAMINATION					
Year: 20 Sitting: (select one only):			CSEC® CAPE® CCSLC®		
*CENTRE DE	TAILS				
Centre No: Centre Name:					
Name of Principal:					
Telephone No(s): ()	_ ()				
Fax No: ()					
E-mail Address:					
APPLICANT'S PERS	ONAL DET	AILS			
Candidate's Registration Number (if known): Candidate's Last Name:					
First Name(s):					
Date of Birth://	Gen	ider:	Male 🚨	Female	
REASON FOR AP	PLICATION	V			
State the reason for the application as precisely as poss learning disability, temporary physical disability, etc.	ible, for exa	mple, i	mpaired vision	, cerebra	ıl palsy
		·		- /	
If the candidate has previously applied to CXC for Specia	l Assessment	t Arran	gements, please	indicate	the
year of the most recent application and whether it was app	oroved:		Not Approved	_	

B. TO BE COMPLETED BY THE PRINCIPAL OR HIS/HER NOMINEE

	SPECIAL	ASSE	SSMI	ENT A	RRAN	IGE	MENTS GRANTED	BY (CEN	TRE		
Has	the candidate been	granted	specia	l arran	gements	in s	chool examinations by the	ne cen	tre?			
			No	, 🗖			Yes 🗖					
A.	If NO, give reason this application.	ns why	specia	l arran	igements	s hav	re not been provided in	schoo	ol exa	amina	tions b	efore
В.	If YES, use the cattendance.	codes b	elow t	o indi	cate the	typ	es of special assistance	give	n dur	ing ea	ach ye	ar of
					CO	ODE	S*					
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		Year 3	Year 4	Year 5	Year 6	Year 7		Year 3	Year 4	Year 5	Year 6	Year 7

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SPECIAL		TENT	. ~~ ~ .	ישרדיתו	

rite:		T		PRIVATE CA		
Subject Name	Unit	Proficiency	Required Arrangement(s)	ONI ALTERNATI	CXC USE	
	(CAPE)	(CSEC)	(Use codes on pg 2)	YES 🗖	NO 🗆	ONLY
					-	
		OTHER CO	MMENTS			
ease add any other comm	ents you wish	to make in sup	pport of the applica	tion.		
	DDT	JCIDAI 2C D	DECLARATION			Parasala di News
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declare that to the best of	f my knowledg	ge the informat	tion provided in thi	s application	is correct.	
lame: Block Capitals)	Principal/N	ominee			Designatio	n
	<b>4</b>					
gnature:			Date	٠.		

Affix school stamp

CAN	DIDATE'S 1	DECLARATIO	ON	
Special assessment conditions may not be			not fully comp	pleted and signed.
ICandida	ate's name in i	block capitals		
understand that if this application for spreliminary slip may be endorsed as appro	special assess	ment arrangeme	ents is approv	ed, the certificate and
Signature:			Date:	
Candic	<del>l</del> ate		Date:	DD/MM/YY
Signature:			Date:	
Signature:	ardian n 18 years of a;	ge)	Date:	DD/MM/YY
I declare that to the best of my knowledge to Mame:  **Local Regis**		n provided in thi	~ -	s correct. k Capitals)
_			· .	
Signature: Local Regi	istrar*		Date:	
*The Local Registrar must sign on behalf of <b>a</b>		idates who are not	t enrolled in an e	educational institution.
F	OR OFFIC	CIAL USE		
Date Received:				at a distribution of the second of the secon
_	Approved $\Box$		Not Approve	d 📮
Medical Report/Psychologist's evaluation		Date LR notifi	ied	

December 2010