

Application for access arrangements

OCR/AA

This form must be used to collate the evidence and must be kept on file within the centre by the SENCo for inspection purposes.

The completed form must be sent to OCR at least six weeks prior to the date of the assessment.

*Academic year(s)		Type of exam (if known)	
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*Centre number		*Centre name	
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*Centre email address	
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*Candidate number		*Candidate name	
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*Examinations for which an application is made	
Specification 1	
Specification 2	
Specification 3	
Specification 4	
Specification 5	
Specification 6	

Please complete Section A for a candidate with a physical disability, sensory impairment or medical condition. For a candidate with learning difficulties, please complete Sections A, B, C and D. However, if your application is based on an EHCP and standardised scores are not relevant, please only complete Section A and also submit the EHCP.

Section A

Reason for application

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Arrangements **must** be selected by the SENCo, **or the assessor working within the centre AFTER** the candidate has been assessed. On the basis of the candidate's needs (and results of standardised specialist assessments where applicable), the following access arrangements are requested.

* Access arrangements requested	
If extra time is requested, please specify the amount of extra time required e.g. 33%, 75% etc.	
Other e.g. Language Modifier	
Access arrangements already made within the centre for classroom work and tests	

*Medical evidence accompanies this form		
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If you are providing any additional evidence, please give details here;

Declaration:

I am satisfied that the information provided on this form is accurate. I fully support the application and confirm that the candidate is/will be appropriately entered for the examination(s) concerned and will be able to demonstrate the assessment objectives required by the specification.

*Candidate name			
*Head of centre/SENCo		*Date	
*Name (please print)			
*Signature			

Section B

This section **must** be completed by the SENCo, or **the assessor working within the centre**, and given to the assessor **before** the candidate is assessed.

Within this section you **must** paint a picture of the candidate's needs. For example, reference should be made to:

- the results of screening tests;
- individual education/learning plans or support plans in place for the candidate;
- school reports
- pupil tracking data
- information reported by teachers and/or support staff

Reference **must** also be made to the candidate's history of difficulties, for example with the acquisition and development of literacy skills.

If the candidate's **first language** is **not** English, you **must** show that he/she has underlying difficulties in their **first** language. The candidate's difficulties **must not** be due to their limited acquisition of the English language. Please record this information under **Section A** - 'Any other relevant information'.

Section B – Answer **THREE** Key Statements

Provide relevant information/evidence of the candidate's persistent and significant difficulties.
(i.e. what is the candidate's history of difficulties?)

Show how the candidate's disability/difficulty has impacted on teaching and learning in the classroom. Provide evidence of feedback from teachers and/or support staff (Learning Support and Teaching Assistants) i.e. what are the candidate's current difficulties in the classroom, tests and examinations?

Detail the candidate's normal way of working within the centre, the support given and how this relates to the proposed arrangement(s). For example, have teaching staff recorded any support regularly provided in the classroom? (i.e. what support and adjustments are in place for the candidate in the classroom, tests and examinations?)

Any Additional Information

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***Is a Reader/Computer Reader being requested in this application?**

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Is the use of a Reader/Computer Reader the candidate's normal way of working within the centre?

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If a Reader/Computer Reader is being requested, please provide a concise statement confirming the need for this arrangement.

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Section C

This section **MUST** be completed by the assessor **AFTER** receiving a completed Section A from the SENCo. The assessor is **NOT** required to recommend access arrangements but to assess and discuss appropriate arrangements with the SENCo.

Please complete those sections necessary to support the application e.g. sections on writing for a scribe. It is not permitted under any circumstances to select sections or amend the wording on the form. Please insert 'n/a' in sections not completed.

Reading speed (continuous text) – This can provide evidence for extra time

Does the candidate read continuous text at a speed which is below average? (i.e. a standardised score of 84 or less)	
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Give the candidate's result on a test of reading speed of continuous text.

Measures of reading speed can include reading rate and reading fluency.

Name of test	
Test ceiling	
Date of administration	
Standardised score	

Writing skills

Spelling – this can provide assessment evidence for a scribe.

Is the candidate's spelling accuracy in the below average range (i.e. a standardised score of 84 or less) with errors unrecognisable as the target word?	
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Does the candidate's spelling render his or her free writing largely incomprehensible to someone who is not familiar with it?	
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Give the candidate's result on a spelling test.

Name of test	
Test ceiling	
Date of administration	
Standardised score	

Handwriting – this can provide assessment evidence for a scribe and/or extra time.

Is the candidate's free writing grammatically incomprehensible to someone who is not familiar with it?	
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Does the candidate's handwriting render his or her free writing largely illegible to someone who is not familiar with it?	
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Is the candidate's free writing speed in the below average range? (i.e. a standardised score of 84 or less)	
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Give the candidate's result on a test or subtest of free writing.

Name of test	
Name of subtest	
Test ceiling	
Date of administration	
Free writing speed standardised score	
Quality of language when free writing	

Cognitive processing – This can provide evidence for extra time

Is the candidate's cognitive processing (e.g. phonological, auditory or visual processing, or working memory) in the below average range? – (i.e., a standardised score of 84 or less)	
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Give the candidate's result on tests and/or subtests of cognitive processing.

Name of test(s)	
Test ceiling	
Date of administration	
Which type of processing does this test assess?	

Name of composite and standardised score	
Names of each subtest and standardised score (list all relevant subtest scores for the composite)	
If you have further below average scores for processing that you have not entered in this or other sections of this form, please record them in the 'Other relevant information' section.	

Other relevant information

For candidates requiring **extra time of up to 50%** (26% to 50% extra time) **two** very substantially below average standardised scores relating to **two different areas of working** are required – two standardised scores of 69 or less.

A standardised score of 69 or less is 2 standard deviations below the mean on a nationally standardised test.

For candidates requiring **an Oral Language Modifier**, a standardised score of 69 or less is required in relation to reading comprehension and/or vocabulary.

A standardised score of 69 or less is 2 standard deviations below the mean on a nationally standardised test.

Name of the assessor who carried all of tests recorded in Section C

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Are you;

an appropriately qualified psychologist registered with the Health & Care Professions Council?	
If 'Yes' please enter your Unique registration number opposite	
a specialist assessor with a current SpLD Assessment Practising Certificate?	
If 'Yes' please enter your APC number as listed on the SASC website opposite	
an access arrangements assessor, approved by the head of centre, who has successfully completed a post-graduate course at or equivalent to Level 7, including at least 100 hours relating to individual specialist assessment?	
If 'Yes' please enter the name of the specialist qualification held and the name of the awarding body opposite	

I certify that the above information is accurate and that I carried out **all the assessments** in Section C.

(It is not acceptable for an assessor to sign if they have not carried out all the tests recorded in Section C of this form.)

Signature -----

Date -----

Data Protection Notice

So that we can process your application for access arrangements we need your consent to process some of your personal data. This data may relate to your health, medical condition or disability. In some cases, we may need to provide more detailed personal information to support the application for access arrangements being made on your behalf.

Your application will be processed in line with the common standards, regulations and guidance developed by OCR.

If you are happy for us to process your data please provide your consent by completing the declaration below. We will not use your data for any other purpose without your consent (unless authorised to do so by law).

Declaration

For the purpose of processing my access arrangement application, I consent to the use of my name, date of birth and other relevant data as set out above. I understand that this information will not be used for any other purpose without my consent unless authorised by law.

Signed Date

Print Name.....