

**Assessments Reasonable Adjustments for Disabled Students
(including students with specific learning difficulties and long term health conditions)**

Completed and signed ARA forms should be submitted at least two weeks before course work deadlines and six weeks before examinations

All requests must be supported by recent evidence of a specific learning difficulty, health condition or disability. This can be a letter by a medical practitioner outlining the effects of the condition / impairment. For students with a specific learning difficulty (dyslexia, dyspraxia, ADD etc) the evidence should be an Educational Psychologist's report carried out when you were aged 16 years or over.

Section A (to be completed by the student)

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|---|-----------------------|
| Name: | Student ID No: |
| Email: | Department/s: |
| Course of Study: | Year: |
| Reason for Adjustment (i.e. Disability or SpLD): | |

Section B (to be completed by the Disability Team)

| Examination Adjustments recommended | | |
|--|--------------------------------|---------------------|
| Additional Time ____ % | Use of a computer | Small Room |
| Rest Breaks ____ mins per hour | Amanuensis | Cover sheets |
| Other (please state) | | |
| Course Work Adjustments recommended | | |
| Health support | Coursework Cover Sheets | |

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| Comments: |
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I confirm that I have read and accept the Notes for Guidance. I note that data relating to my application will be held on computer under the Data Protection Act. I declare that all information given is complete and correct. I understand that if any statement or evidence is found to be false my application will be void. I consent to my supporting evidence being stored confidentiality in the Disability Office. I consent to this information being read by the Departmental Senior Tutor or the Head of Assessments if deemed necessary. **Please sign overleaf to indicate your acceptance.**

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| Student Signature: | Date: |
|---------------------------|--------------|

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| Disability Coordinator/Adviser: | Date: |
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Section C

(To be completed the Departmental Examinations Officer and Departmental Senior Tutor)

In order to make reasonable adjustments within the terms of the Equality Act, these recommendations have been made by the Disability Team, after consulting the student and reviewing the supporting evidence. Please sign to confirm that you have received a copy of this form.

Department Senior Tutor: Date:

Departmental Examinations officer: Date:

Please forward the signed copy of the form to the Deputy Head of Assessments, Student Centre RHB 115

Adjustments require Senior Tutor approval: If this box is ticked please sign below to show you approve the adjustment

Department Senior Tutor: Date:

If you feel that any of the recommendations are not reasonable and should not be carried out please contact the Disability Coordinator, (ext 2292). This should be done within 14 days of receiving this form. After 14 days it will be assumed that recommendations have been accepted.

Section D (to be completed by the Assessments Team)

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| Assessments use only | |
| Date Application Made | Date Assessment Made |
| Arrangements | |
| Student written to | |
| Reasonable Adjustments Panel YES NO | Decision |