



ACADEMIC SERVICES

Cambridge Assessment Access Arrangements Form

Access arrangements must be based on evidence of the barrier to assessment and evidence of need. The evidence of need will vary depending on the disability and the access arrangements being applied for. Evidence must meet the following criteria:

- This form must be filled out each year for students to be granted access arrangements.
- All documentation must be provided by an appropriate professional or a suitable qualified specialist teacher (not related to the candidate) within 36 months of the exam series.
- Documentation MUST state the specific barrier to learning that requires the modification to overcome.

Centre number

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Centre Name: _____ Exam Series: _____

Candidate Name: _____ Candidate Number: _____

Section A: Access Arrangements

Put a check in the box next to the access arrangement(s) needed.

Non-delegated access arrangements		Centre-delegated access arrangements		Modified papers	
Computer Reader		Color overlays		Braille paper	
Extra Time over 25 percent		Extra time up to 25 percent		A4 18 point bold	
Reader		Simple translation dictionaries		18 point bold enlarged to A3	
Scribe		Supervised rest breaks			
Voice-activated software		Word processor (with spell check disabled)			
Word processor (with spell check enabled)					

Section B: Barrier to Assessment

1. What is the student's disability/ diagnosis? _____
2. Why is the student's disability/ diagnosis a barrier to assessment (from most recent psychological, not just their eligibility)?

3. Explain why the disability/ diagnosis warrants the requested access arrangement(s) because of impact on academic area being assessed.

Section C: History of Access Arrangements/ Assessment Accommodations

4. Student receives the following accommodations on SAT/ ACT/ classroom/ district/ statewide standardized assessments:

Section D: Evidence

5. Attach evidence of disability/ diagnosis dated within 36 months of the exam series and include additional supporting academic data.

Section E: Verification

6. Evidence must be verified by an appropriate professional, for example, a medical professional or a suitably qualified specialist teacher.

I certify that I have reviewed the attached evidence and verify that the student requires the requested access arrangements.

Print name of qualified specialist: _____ Years of education experience: _____

Credentials of qualified specialist: _____

Signature of qualified specialist: _____ Date: _____

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

