

REASONABLE ADJUSTMENT FORM

WHAT IS REASONABLE ADJUSTMENT?

Reasonable adjustment is an adjustment made for students with a condition or special need existing at the time of their initial enrolment. Reasonable adjustments are made to ensure that students are not presented with artificial barriers to demonstrating achievement in their studies.

For further information refer to the Assessment Policy on the website. Reasonable adjustment may include (but not be limited to):

- the use of adaptive technology or equipment (e.g. seating, PC)
- alternative methods of assessment, such as oral assessment
- individual conditions of assessment (e.g. seating arrangements, toilet, rest, exercise breaks, bite sized food/drink)
- large print materials and/or coloured exam paper
- scribes (up to 10 minutes per hour additional time)
- additional time during an examination for resting/writing (up to 10 minutes per hour)

PERSONAL DETAILS

Title <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify):	
Family name	
First name(s)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified
Date of birth (dd/mm/yy)	Student ID
Phone number	
E-mail	
Full address	
Suburb	Postcode
Country	State

SUBJECT INFORMATION

Assessment item for which reasonable adjustment is sought: <input type="checkbox"/> Assignment <input type="checkbox"/> Examination <input type="checkbox"/> Other (please specify)
Date of assessment
Please outline the circumstances which are affecting you and your requirements. Outline the nature of the learning need for which you are seeking reasonable adjustment and your requirements e.g. extended time to complete an exam because of dyslexia. Please attach a medical certificate or other documentary evidence to support your application.

STUDENT DECLARATION

I understand that the submission of an application for Reasonable Adjustment does not automatically mean it will be approved. I give Kaplan Higher Education or Murdoch Institute of Technology permission to contact medical practitioners or other relevant parties to verify authenticity of the supporting documentation I have provided in my application.	
Student's signature	Date

OFFICE USE ONLY

Supporting evidence supplied and appropriate <input type="checkbox"/>	
Student record updated <input type="checkbox"/>	Application filed <input type="checkbox"/>
Date application received by Academic Manager or ELICOS Director of Studies	
Date of decision	
Date applicant noted of outcome	
Recommendation (to be completed by Academic Manager or ELICOS Director of Studies)	
Academic Manager or ELICOS Director of Studies signature	Date
Outcome (to be completed by College Director*)	
College Director* signature	Date

*or their delegated authority