

**ASSESSMENT ACCOMMODATION AND CONCESSION APPLICATION FORM: ABET**

**This form must be completed to request the approval of accommodations and concessions for learners who face barriers to learning.**

**IMPORTANT: Kindly study the application guidelines before completing this form.**

**PLEASE NOTE**

- To be completed by SACAI registered institutions only.
- To ensure a speedy process, kindly ensure that this form is completed in full and all the required evidence is attached.
- Any form that has not been signed by a parent/guardian, consulting psychologist (if applicable) and a representative of the SACAI registered institution, will not be processed.
- An **application fee of R639** (VAT incl.) is payable in 2026. The institution will be invoiced for the application; no parent should pay SACAI directly.
- ABET applications close on **29 June 2026**. Applications submitted to SACAI after these dates will not be processed.

<b>1</b>	<b>INSTITUTION</b>												
<b>2</b>	<b>CANDIDATE</b>	<b>Surname</b>											
		<b>Full names</b>											
		<b>Identity number</b>											
		<b>Date of birth</b>											
		<b>Current grade</b>											
<b>3</b>	<b>BIRTH AND DEVELOPMENTAL HISTORY</b>												
	Kindly tick the appropriate block(s) where available:												
	<b>Pregnancy</b>	Normal		Complicated		<b>Comments</b>							
	<b>Birth</b>	Normal		Caesarean									
		Instruments		Jaundice									
		Premature		Neonatal									
		Lack of oxygen		Incubator									
		Weeks (e.g., 37)		Weight									
	<b>Other relevant information</b>												
		<b>Milestones</b>	<b>Normal/Slow</b>		<b>Age (e.g., 6 months)</b>			<b>Comments</b>					
		Sit											
		Crawl											
	Walk												
	Talking												
	Toilet training												
<b>4</b>	<b>SCHOLASTIC INFORMATION</b>												
	Kindly indicate the year in which the following grades were completed: <i>Grades repeated must be indicated in the second row</i>												
	Gr R	Gr 1	Gr 2	Gr 3	Gr 4	Gr 5	Gr 6	Gr 7	Gr 8	Gr 9	Gr 10	Gr 11	Gr 11



<b>BARRIERS TO LEARNING</b>				
<b>Kindly indicate which barrier(s) to learning the learner faces:</b>				
Autism / Asperger syndrome		Physical impairment		
Chronic health conditions (e.g. diabetes, epilepsy)		Psychological conditions (e.g. anxiety, depression)		
Hearing impairment		Reading problem		
Language impairment (e.g. spelling, aphasia)		Visually impairment		
Learning impairment (e.g. dyscalculia, dyslexia)		Working tempo		
Neurological impairment (e.g. ADD, ADHD)		Writing problem		
Other (please specify):				
<b>5</b>	<b>Effect of the impairment(s) on the learner's ability to function in an education environment:</b>			
	Minimal	Moderate	High	Severe
	<i>The learner can cope in an unmodified teaching and learning environment; requires a low level of support.</i>	<i>The learner needs a slightly modified teaching and learning environment; requires occasional support.</i>	<i>The learner requires a modified teaching and learning environment; requires frequent, high-level support.</i>	<i>The learner requires a drastically modified teaching and learning environment; requires constant, high-level support.</i>
	<b>Kindly motivate your choice of level:</b>			
<b>6</b>	<b>ACCOMMODATIONS AND CONCESSIONS REQUESTED (as recommended by a specialist)</b>			
	Additional time: 05 min/hour		Medication / food intake	
	Additional time: 10 min/hour		Personal assistant	
	Additional time: 15 min/hour		Prompter	
	Computer use – Typing		Reader	
	Computer use – Text-to-voice (reading)		Rest breaks	
	Computer use – Voice-to-text (scribing)		Separate venue	
	Enlarged print		Scribe	
	Exemption from a Language (excl. immigrants)		Special aids: _____	
	Exemption from Mathematics/Mathematical Literacy		Spelling	
Handwriting		Other: _____		
<b>7</b>	<b>SUPPORTING DOCUMENTATION ATTACHED</b>			
	<b>COMPULSORY FOR ALL APPLICATIONS:</b>		<b>ATTACHED IF APPLICABLE:</b>	
	Supporting historical evidence		Evidence of previously granted concessions	
	Educator comments		Medical report(s)	
	School report history		Psycho-educational assessment(s)	
			Psycho-educational assessment summary sheet, including the specialist's signed declaration (see <i>Annexure A</i> )	
		School samples		
		Speech and language assessment		
		Writing samples (see <i>Annexure B</i> )		

<b>8</b>	<b>DECLARATION BY PARENT/GUARDIAN</b>			
	I, the parent/guardian of the abovementioned learner, hereby give permission for the supporting evidence as indicated above to be forwarded to the SACAI Concession Committee for their consideration. I also herewith declare that the information provided on this form, as well as the supporting documentation attached, is true and correct. I confirm that I understand that any additional costs incurred because of the approved concession(s), for example the use of a separate venue, the appointment of a reader/scribe, etc., is for my own account.			
	<b>Name and surname</b>			
	<b>Contact number</b>			
	<b>Email</b>			
<b>Signature</b>			<b>Date</b>	
<b>9</b>	<b>DECLARATION BY THE SACAI REGISTERED INSTITUTION</b>			
	I herewith declare that the information provided on this form, as well as the supporting documentation attached, is true and correct. I also declare that the request for concessions as specified on this form is, to my professional opinion, justified.			
	<b>Name and surname</b>			
	<b>Job title</b>			
	<b>Contact details</b>	<b>Contact number</b>		
		<b>Email address</b>		
<b>Signature</b>			<b>Date</b>	