

ASSESSMENT ACCOMMODATION AND CONCESSION APPLICATION FORM

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 R579.76** (VAT incl.) is payable in 2023. The institution will be invoiced for the application; no parent should pay SACAI directly.
- Grade 12 applications close on **28 April 2023** and Grade 10-11 applications on **29 June 2023**. Applications submitted to SACAI after these dates will not be processed.

1 INSTITUTION

2 CANDIDATE

Surname

Full names

Identity number

Date of birth

Current grade

BARRIERS TO LEARNING

Kindly indicate which barrier(s) to learning the learner faces:

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):

Effect of the impairment(s) on the learner's ability to function in an education environment:

Minimal

Moderate

High

Severe

The learner can cope in an unmodified teaching and learning environment; requires a low level of support.

The learner needs a slightly modified teaching and learning environment; requires occasional support.

The learner requires a modified teaching and learning environment; requires frequent, high level support.

The learner requires a drastically modified teaching and learning environment; requires constant, high level support.

Kindly motivate your choice of level:



ACCOMMODATIONS AND CONCESSIONS REQUESTED (as recommended by a specialist)				
4	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: _____	
SUPPORTING DOCUMENTATION ATTACHED				
5	COMPULSORY FOR ALL APPLICATIONS:		ATTACHED IF APPLICABLE:	
	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>)		
DECLARATION BY PARENT/GUARDIAN				
6	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.			
	Name and surname			
	Contact number			
	Email			
	Signature		Date	
DECLARATION BY THE SACAI REGISTERED INSTITUTION				
7	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.			
	Name and surname			
	Job title			
	Contact details	Contact number		
		Email address		
Signature		Date		