

Application for Accommodations for Students with Special Diploma Examination Writing Needs 2009–2010



For Learner Assessment Use Only

Approved Denied

Signature _____

ALBERTA STUDENT NUMBER

SURNAME

LEGAL FIRST AND MIDDLE NAMES

BIRTH DATE

Year	Month	Day
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 SEX M--Male
F--Female TELEPHONE

(e.g., 91 Jul 20)

PERMANENT ADDRESS

Province Postal Code

E-MAIL ADDRESS

• This student is currently registered with Alberta Education with a Special Education Student Code: Yes No

If yes, indicate coding _____

If the student does not have a Special Education Student Code, the results of a formal assessment completed by a qualified professional must be submitted. If the section below is completed and the results of a formal assessment are submitted, there is no need to submit the Individual Program Plan (IPP) or description of accommodations.

If you are waiting for assessment and/or supplementary information, please ensure the application is submitted by the deadline date and forward assessment and/or supplementary information as soon as it becomes available.

Note: Please use the *ESL Application for Accommodations for Diploma Examinations* form when applying for an extra time accommodation for ESL and Francisation students (see *Special Cases & Accommodations* and *Examination Administration Forms* sections of the General Information Bulletin).

If the student is registered at Alberta Educaiton with a Special Education Student Code, please check which accommodations are currently included in the student's IPP and being provided and used:

- | | |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> No. 1 CD for Visually Impaired Students | <input type="checkbox"/> No. 7 Braille |
| <input type="checkbox"/> No. 2 CD for Students with Learning or Physical Disability | <input type="checkbox"/> No. 8 Reader |
| <input type="checkbox"/> No. 3 Extra Time | <input type="checkbox"/> No. 9 Sign Language Interpreter |
| <input type="checkbox"/> No. 4 Word Processor | <input type="checkbox"/> No. 10 Taped Response |
| <input type="checkbox"/> No. 5 Scribe | <input type="checkbox"/> No. 11 Franklin Language Master |
| <input type="checkbox"/> No. 6 Large print (16-point font) | <input type="checkbox"/> No. 16 Miscellaneous, please specify |

I attest that the information provided above is true: _____
Staff member name, title, signature; date

• Name and school code of the writing centre where this student intends to write.
Writing Centre Name _____ School Code: _____

Examination administration session for which this request applies (use a separate application form for each session):
 January June August

Application Deadline: **November 6, 2009** Application Deadline: **April 16, 2010** Application Deadline: **July 16, 2010**

Application for Accommodations for Students with Special Diploma Examination Writing Needs—Continued



ALBERTA STUDENT NUMBER

STUDENT'S NAME

Indicate the course(s) and accommodation(s) requested by referencing the list of accommodations on page 1 of this application. Indicate the number of each accommodation requested as well as if they are to be in French or English.

Accommodations	<input type="checkbox"/> English <input type="checkbox"/> French Biology 30 Course 2-CD 3-Extra Time 6-Large Print <i>SAMPLE</i>	<input type="checkbox"/> English <input type="checkbox"/> French Course _____ _____ _____	<input type="checkbox"/> English <input type="checkbox"/> French Course _____ _____ _____	<input type="checkbox"/> English <input type="checkbox"/> French Course _____ _____ _____	<input type="checkbox"/> English <input type="checkbox"/> French Course _____ _____ _____	<input type="checkbox"/> English <input type="checkbox"/> French Course _____ _____ _____
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Note: Please specify the specific course name of the examination for which you are requesting accommodation(s) e.g., English Language Arts 30–1; Chemistry 30 (New). If requesting different accommodations for the part(ie) A and part(ie) B sections of an examination, specify the accommodations for each part in separate column e.g. Biology Part A; Biology Part B.

To be completed by the principal or principal's delegate of the Alberta high school the student is attending:

School Code _____ School Name _____

Principal's Name _____ School Telephone _____

School E-mail Address _____
Area Code Fax Number _____

Principal/Designate Signature _____ Date _____

Second Contact Name and E-mail Address _____

To be completed by student and parent/guardian:

- I/We understand that the personal information collected on this form pursuant to section 32(c) of the *Freedom of Information and Protection of Privacy Act* will be used to process and administer the writing and/or rewriting of the registered diploma examination(s) and/or for making the appropriate adjustment of marks in the registered subject(s). This information will be used for the purposes stated, by Alberta Education only.
- I/We have accurately provided information on this application form.

 Signature of Student Date _____

 Signature of Parent/Guardian (if student is under 18 years of age) Date _____

Failure to submit the completed application and appropriate documentation by the deadline specified on the first page of this form, will result in the application being denied.

This form must be submitted to:

Alberta Education, Special Cases and Accommodations
 44 Capital Blvd.
 10044 – 108 Street
 Edmonton AB T5J 5E6

E-mail: special.cases@gov.ab.ca
 Phone: (780) 427-0010 Fax: (780) 422-4889
 To be connected toll-free within Alberta, dial 310-0000