



## Special Accommodation Request

The FDIS will accommodate special needs within reason and where the integrity of the assessment is not put at risk.

|                                                                                                                                                                                                                            |  |                         |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|-------|
| <b>Candidate Name</b>                                                                                                                                                                                                      |  | <b>Candidate Number</b> | FDIS_ |
| <b>Learning difficulties</b>                                                                                                                                                                                               |  |                         |       |
| <i>Please tick any applicable learning difficulties, relevant to this request.</i>                                                                                                                                         |  |                         |       |
| Dyslexia <input type="checkbox"/>                                                                                                                                                                                          |  |                         |       |
| Dyscalculia <input type="checkbox"/>                                                                                                                                                                                       |  |                         |       |
| Dysgraphia <input type="checkbox"/>                                                                                                                                                                                        |  |                         |       |
| Attention Deficit Hyperactivity Disorder (ADHD) <input type="checkbox"/>                                                                                                                                                   |  |                         |       |
| Other <input type="checkbox"/>                                                                                                                                                                                             |  |                         |       |
| <i>If other, please state .....</i>                                                                                                                                                                                        |  |                         |       |
| <i>.....</i>                                                                                                                                                                                                               |  |                         |       |
| <b>Minor impairments</b>                                                                                                                                                                                                   |  |                         |       |
| <i>Please tick any applicable minor impairments, relevant to this request.</i>                                                                                                                                             |  |                         |       |
| Visual <input type="checkbox"/>                                                                                                                                                                                            |  |                         |       |
| Hearing <input type="checkbox"/>                                                                                                                                                                                           |  |                         |       |
| Physical <input type="checkbox"/>                                                                                                                                                                                          |  |                         |       |
| Other <input type="checkbox"/>                                                                                                                                                                                             |  |                         |       |
| <i>If other, please state .....</i>                                                                                                                                                                                        |  |                         |       |
| <i>.....</i>                                                                                                                                                                                                               |  |                         |       |
| <b>Accommodations requested</b>                                                                                                                                                                                            |  |                         |       |
| 25% extra time <input type="checkbox"/>                                                                                                                                                                                    |  |                         |       |
| 50% extra time <input type="checkbox"/>                                                                                                                                                                                    |  |                         |       |
| 75% extra time <input type="checkbox"/>                                                                                                                                                                                    |  |                         |       |
| 100% extra time <input type="checkbox"/>                                                                                                                                                                                   |  |                         |       |
| Examination paper to be printed on coloured paper <input type="checkbox"/>                                                                                                                                                 |  |                         |       |
| <i>If ticked, state which colour paper is required .....</i>                                                                                                                                                               |  |                         |       |
| Examination paper to be printed in large print <input type="checkbox"/>                                                                                                                                                    |  |                         |       |
| By signing and submitting this request. I am confirming that I, the candidate considers this a reasonable request and have submitted verifiable documentation to support my request for reasonable adjustments to be made. |  |                         |       |
| <b>Signature</b>                                                                                                                                                                                                           |  | <b>Date</b>             |       |



**FDIS admin use only**

**Date special accommodation request received:**

***Please tick the relevant boxes***

Verifiable documentation submitted

Yes ☐ No ☐

Special accommodation request approved

Yes ☐ No ☐

***If yes, please tick which accommodations have been granted.***

25% extra time ☐

50% extra time ☐

75% extra time ☐

100% extra time ☐

Examination paper to be printed on coloured paper ☐

*If ticked, state which colour paper is required .....*

Examination paper to be printed in large print ☐

***If no, please detail why the accommodations has not been approved.***

.....

.....

.....

.....

**Position**

**Signature**

**Date**