

Reasonable Adjustment request form



To be completed where the Reasonable Adjustment must be approved, or approved and applied, by AAT.

Centre name	
Centre approval code	

Before completing this form, please ensure that the type of Reasonable Adjustment being requested by the Assessment Centre is permitted – see section 9.5 and Appendix A of the *Guidance on the application of Reasonable Adjustments and Special Consideration in AAT assessments*.

Name of student		
AAT Student ID		
Qualification / EPA		
Assessment / component name(s) or code(s)		
Planned date of assessment		
Specific impairment	<i>e.g. dyslexia</i>	
Is this impairment:	Temporary <input type="checkbox"/>	Permanent <input type="checkbox"/>
If temporary, please indicate how long the student may be affected (if known):		
Reasonable Adjustment(s) being requested	<i>e.g. 50% extra time</i>	
Supporting evidence provided with this document		

For extra time requests over one third of the assessment duration, please provide the following details to allow AAT to schedule the assessment on your behalf:

Purchase order number	
Internal Assessor name <i>(where applicable)</i>	
Internal Verifier name <i>(where applicable)</i>	

Declaration

I confirm that I have read and understood the *Guidance on the application of Reasonable Adjustments and Special Consideration in AAT assessments* in relation to when and how Reasonable Adjustments must be requested to be approved, or approved and applied by AAT, that the information on this form is accurate and contains the exact details of the Reasonable Adjustment being requested for this student's assessment(s), and that it is being requested in accordance with AAT's guidance. Where applicable we can provide the arrangements being requested if their use is approved by AAT. Additionally, I can confirm that the student has been kept informed of this request and the details contained within it, agrees with the Reasonable Adjustment that is being requested and gives their authorisation for AAT to seek further advice from the author of the student's medical evidence.

Signed:	Date:
Position at Centre:	
Authoriser signed:	Date:
Position at Centre:	

This form must be completed and submitted to AAT at least 4 weeks prior to the planned date for the assessment(s).

Return to: Assessments Operations team
 Email: assessment.operations@aat.org.uk

For internal AAT use only

Reference:		Receipt acknowledged:	
Form received:		Information requested:	
Clerical checks:		Approved / rejected:	