

Special Consideration request form



Special Consideration requests must be submitted by the AAT Approved Assessment centre that hosted the assessment. However, for remotely invigilated assessments, requests will be accepted directly from students.

Centre name	
Centre approval code	

Before completing this form, please ensure that the Special Consideration guidance has been read and understood – see section 10 of the *Guidance on the application of Reasonable Adjustments and Special Consideration in AAT assessments*.

If the request is being made for an assessment that is marked by the Training Provider, for example an RPL, the Special Consideration must only be applied following approval from AAT, and in line with the details contained within AAT's confirmation.

Name of student	
AAT Student ID	
Affected assessment(s)	
Date of affected assessment(s)	
Remote invigilation assessment: <i>(tick applicable)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

1. For standard special consideration requests, please complete the next two boxes (see next page for estimated result requests):

Summary of adverse circumstances affecting performance in assessment:	
Supporting evidence provided with this document: (for example - medical evidence or statement from Invigilator)	

2. For estimated result requests, please complete the following boxes:

<p>1. If the request for an estimated result is due to a planned sitting for the last required component which could not be attended, please provide the reasons why the planned sitting was missed and why the assessment cannot be re-sat. *</p> <p>2. If the request for an estimated result is due to data loss/task access issues on more than one occasion for the same assessment, or on the last required component, please provide the incident report reference(s)</p>	
<p>Supporting evidence provided with this document</p>	

* Where the reason for the estimated result is due to a planned sitting that could not be attended, AAT will charge the standard assessment fee to the Training Provider. If the student is not attached to a Training Provider, the student will be invoiced directly.

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 Special Consideration requests must be made to AAT for approval, that the information on this form is accurate and contains the exact details of the Special Consideration being requested for this student’s assessment, and that it is being requested in accordance with AAT’s guidance. Additionally, I can confirm that the student has been kept informed of this request and the details contained within it, agrees with the details that have been provided and, where applicable, gives their authorisation for AAT to seek further advice from the author of the student’s medical evidence.

For remotely invigilated students, only the first Signed and Date boxes need to be completed.

<p>Signed:</p>	<p>Date:</p>
<p>Position at Centre:</p>	
<p>Authoriser signed:</p>	<p>Date:</p>
<p>Position at Centre:</p>	

This form must be completed and submitted to AAT by the end of the next working day following the assessment (for standard requests) or within 10 working days of receiving your result (for estimated result requests).

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