

## Reasonable Adjustment notification form

Centre name

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

Centre approval code		
Before completing this form, please ens about is permitted – see sections 9.2 - 9 Reasonable Adjustments and Special C	9.4 and Appendix A of the	• •
Name of student:		
AAT Student ID:		
Qualification (Q22/EPA):		
Assessment / component name(s) or code(s):	If for a permanent condition, the qualification and assessment information are not required.	
Important information regarding reason	nable adjustments for EF	PA apprentices:
otherwise there is a risk that it is not a  2. Where a reasonable adjustment is reconstructed for an ATLA  2. Where a reasonable adjustment is reconstructed for an ATLA	applied to the assessment quested for an EPA structo AS Cloud-sat assessment	adjustment can be requested and/or approved, tin either SEPA or ATLAS Cloud. tured interview/professional discussion only, then tyou will need to contact AAT again with either a the previously submitted request to the ATLAS
Specific impairment:	e.g. dyslexia	
Is this impairment:	Temporary	Permanent
		Reasonable adjustments for permanent conditions only need to be requested once unless they meet the above EPA criteria.
If temporary, please indicate how long the student may be affected (if known):		
Reasonable adjustment(s) required:	e.g. Supervised rest breaks, use of a Scribe	

Supporting statement	

## 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, as well as the supporting evidence for it. 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 2 weeks prior to the planned date for the assessment(s).

Return to: Partner Support team

Email: assessment.support@aat.org.uk