



Special Considerations Form (Exams)

Part One

Section A. Personal Information		
Student Name	Student Number	
Telephone Number		SMSI E-mail Address
Programme	Stage	

Section B. Type of Need

Please outline below the name of, and information about, your specific need.
e.g Visual, learning, physical etc....

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Section C. Considerations requested

Please outline below the type of consideration you are requesting e.g. reader, scribe, extra time, waiver for spelling, punctuation and grammar, laptop, etc....

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Section D. Evidence being provided What evidence are you using to support your application?

A. Report completed by appropriate Specialist/Psychologist/Medical Consultant	
B. Evidence of previous special considerations (reasonable accommodations) provided in Irish State Examinations	
C. This application plus the form below completed by a general practitioner (GP) Confirming that s/he has documentation from the appropriate Specialist/Psychologist/Medical Consultant, on file confirming the diagnosis.	

Part Two:-

If you are providing evidence based on **C** above, this form must be completed by the general practitioner.

Form for General Practitioner.

Where a General Practitioner has completed this form:	
I confirm that the learner identified has the specific need or disability as outlined and I have a report or other documentation on file from the appropriate Specialist/Psychologist/Medical Consultant, which can be produced if required.	
Please provide the name, and address of the recognised Specialist/Psychologist/Medical Consultant who has diagnosed this learner	
Date of Report or letter of diagnosis from the Specialist/Psychologist/ Medical Consultant	
Name of General Practitioner:	
Address:	
IMC No (GP only)	
GP Signature:	
Date:	
Official Stamp: Please stamp here or attach a business card or headed paper	

Name _____

Date _____

Student Declaration

I confirm that the information given in this form is correct.

Print Name:

Signed:

Date:

OFFICE:

Received and reviewed by YH/PD.

Print Name:

Date:

Signed:

Accepted:

Rejected:

Check List

Before submitting an application form please check

- A** Personal Information completed
- B** Special Consideration specified
- C** Supporting documentation
- D** Signed and dated

<p>It is the responsibility of the learner to ensure that this form is submitted to the Examinations Office within the permitted timeframe. Learners are encouraged to submit applications as soon as possible after the request for Special Considerations is posted.</p>
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