



**IMPORTANT – Please read this information carefully before completing the application.**

## NOTES ON COMPLETION OF FORM AA

This Form AA should be used in the application for Access Arrangements (AA) for private candidates with learning or physical disabilities (e.g. dyslexic, visually impaired, hearing impaired, fracture of writing hand).

1) Private candidates sitting for the 2018 GCE examinations must submit the application by **28 March 2018** to:

- i) Singapore Examinations and Assessment Board  
Tiong Bahru Examination Centre  
No. 8 Lower Delta Road  
Singapore 169198  
(Attention: Exam Compliance and Services, Exam Operations Division) or

- ii) Email to : [contact@moe.gov.sg](mailto:contact@moe.gov.sg)

Applications for AA would only be processed upon completion of exam registration and would typically require three months for review. Incomplete or late applications may not be accepted or approved due to insufficient time for review.

An acknowledgement will be made within five working days upon receipt of the application.

2) ALL sections and fields of this form must be completed.

**SECTION A:** Please indicate all particulars correctly. The Centre Index Number can be left blank if it is not available at the point of application.

**SECTION B:** Please furnish the medical condition as reason for application.

**SECTION C:** Select the access arrangements requested. For any other access arrangement(s), please specify details of request(s). A supplementary sheet may be appended if necessary.

**SECTION D:** Details of all the subjects and papers in respect of which this application is made should be specified. The paper number (e.g. Paper 1) should be entered in the appropriate column.

**SECTION E:** The applicant is required to sign and declare that the information given is correct.

3) The application must be accompanied by the following supporting documents for candidates with:

### Learning Disabilities

Medical / Psychological / Professional input should cover:

a) A diagnosis of a Learning Disability

- A clear statement of diagnosis should be provided.
- Relevant medical, developmental and educational history leading up to the diagnosis should be provided.
- Comprehensive testing and techniques used to arrive at the diagnosis should be provided. Where formal standardised assessments have been conducted, evaluation dates and standardised test scores (including sub-test scores) should be provided.

*(The requirement for comprehensive testing and techniques may be waived for diagnoses made by a specialist medical doctor.)*

b) A current profile of needs:

- A profile of the candidate's needs conducted within three years prior to the year of the examination should be provided.
- This profile of needs should include formal standardised assessments, where appropriate, and/or observations of the candidate by a relevant professional.

- The candidate's functional limitations in the examination setting should be described.
- The rationale for the specific AA requests being made for the candidate, in relation to the functional limitations, should be provided.

*(For candidates who have been receiving recent ongoing therapy (within the previous three years prior to the year of the examination) by a relevant professional, periodic therapy update or evaluation reports may serve as a current profile of needs.)*

### **Physical Disabilities**

Medical letter/report from qualified professionals (which include registered medical practitioners, occupational therapists and/or speech and language therapists). The medical report must state the following:

- when the disability was diagnosed;
- how the disability may affect the candidate's performance during examination;
- the type of access arrangement(s) required by the candidate during the examination;
- expected date of recovery (for temporary physical injuries)



## SECTION A CANDIDATE DETAILS

Examination Title and Level: GCE N(T) / N(A) / O / A LEVEL <small>(Pls circle accordingly)</small>	Exam Year:
Candidate Name:	NRIC:
Centre Name: PRIVATE CANDIDATE	Centre Index Number:
Email address:	Contact No:

## SECTION B MEDICAL CONDITION / REASON FOR APPLICATION

**(i) Learning Disabilities** (✓ where applicable)

Dyslexia     Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)  
 Autism Spectrum Disorder (including Asperger's Syndrome)  
 Speech / Language Impairment (including Specific Language Impairment)  
 Others, please specify: \_\_\_\_\_

Is your psychological / professional report (dated from Jan 2015 onwards) attached?     Yes     No

**(ii) Physical Disabilities** (✓ where applicable)

Hearing Impairment / Loss     Speech impairment / Difficulties     Visual Impairment  
 Colour Vision Deficiency     Cerebral Palsy  
 Hand or Arm - Injury/ Pain/ Disability [Writing hand / Non-writing hand (Pls circle accordingly)]  
 Others, please specify: \_\_\_\_\_

Is a letter / report from a qualified medical practitioner attached?     Yes     No

## SECTION C ACCESS ARRANGEMENTS REQUESTED

Extra Time for \* Written / Science Practical Examinations (*Note: Extra time is NOT applicable to Listening Comprehension*)  
 More Preparation Time for silent reading for Oral Examination  
 Oral Examiners to be informed of candidate's condition  
 Separate room for LC / Science Practical / Written (Pls circle accordingly)  
 Preferential seating for LC / Science Practical / Written (Pls circle accordingly)  
 Please provide details (e.g. sit near broadcast):  
 \_\_\_\_\_  
 Assistance in identification of colours  
 A3 Enlarged Print **OR**  Modified Enlarged Print (18 Point Bold Print on A4 sheet)  
 Use of Word Processor with separate room  
*(Note: Attach a sample of handwritten answer script and a sample of printed answer script using Word Processor, preferably done under school exam conditions if available)*

**Others, Please specify details of request(s):**


**SECTION D SUBJECTS FOR WHICH APPLICATION IS MADE**

SUBJECT NAME	SUBJECT CODE	PAPER NUMBER

**SECTION E DECLARATION BY APPLICANT**

I declare that the information given in this form is correct. I also consent to the information I have provided with this application being shared internally within SEAB and MOE.

Name of Applicant:

  
  

Signature: Date: