



## IMPORTANT -

- You will need the relevant information and supporting documents (e.g. medical report/s and proof of registration to complete this form)
- The estimated time to complete the form is 10 minutes
- Please read the information in the notes section carefully before completing the application

### NOTES ON THE COMPLETION OF FORM AA

Form AA should be used in the application for Access Arrangements (AA) if you are diagnosed with learning or physical disabilities (e.g. dyslexia, visual impairment, hearing impairment, fracture of writing hand).

- 1) You must submit the application via email to **SEAB\_AA\_Admin@seab.gov.sg** by **31 March 2021**

Applications for AA will only be processed upon the completion of your examination registration. Completed applications that are submitted before the application deadline will typically require three months for the outcome to be released. Incomplete or late applications may not be accepted or approved. An acknowledgement by SEAB that the application has been received will be provided to you within five working days of the receipt of the application.

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

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

**SECTION B:** Indicate your medical condition(s) that this application is submitted for.

**SECTION C:** Select the requested AA. Requests for AA that are not found in the list of options should be specified in the 'Others' field. A supplementary sheet may be appended if necessary.

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

**SECTION E:** Please sign and declare that the information provided is correct.

- 3) You must provide the medical documents with this application. The list of medical documents is indicated below and they must be issued by qualified medical professionals who are registered with the Singapore Medical Council.

#### Learning Disabilities

A Medical / Psychological / Professional report from qualified medical professionals (which include registered medical practitioners, occupational therapists and/or speech and language therapists) that covers:

- a) A diagnosis of a learning disability, with the following provided:

- A clear statement of diagnosis.
- Relevant medical, developmental and educational history leading up to the diagnosis.
- Comprehensive testing and techniques used to arrive at the diagnosis. Where formal standardised assessments have been conducted, the 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 the candidate's needs that takes into account the following:

- The profile of needs must be prepared within three years prior to the year of the examination.
- The 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 that are being made by the candidate, in relation to the functional limitations, should be provided.

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

### **Physical Disabilities**

A medical letter/ report from qualified medical professionals (which include registered medical practitioners, occupational therapists and/or speech and language therapists) that covers:

- When the disability was diagnosed;
- How the disability may affect the candidate's performance during the examination paper(s);
- The type of AA required by the candidate during the examination paper(s);
- Expected date of recovery (for temporary physical injuries).



## SECTION A CANDIDATE DETAILS

Examination Title and Level: GCE <input type="checkbox"/> N(T) <input type="checkbox"/> N(A) <input type="checkbox"/> O <input type="checkbox"/> A LEVEL (✓ where applicable)	Examination Year: 2021
Candidate Name:	Identity Number:
Centre Name: PRIVATE CANDIDATE	Centre Index Number:
Email Address:	Contact Number:

## SECTION B MEDICAL CONDITION / REASON FOR APPLICATION

<b>(i) Learning Disabilities</b> (✓ where applicable)	
<input type="checkbox"/> Dyslexia <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) <input type="checkbox"/> Autism Spectrum Disorder (including Asperger's Syndrome) <input type="checkbox"/> Speech / Language Impairment (including Specific Language Impairment) <input type="checkbox"/> Others. Please specify: _____	
Is your medical /psychological/ professional report (dated from January 2018 onwards) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(ii) Physical Disabilities</b> (✓ where applicable)	
<input type="checkbox"/> Hearing Impairment / Loss <input type="checkbox"/> Speech impairment / Difficulties <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Colour Vision Deficiency <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Injury/ Pain/ Disability on writing hand <input type="checkbox"/> Injury/ Pain/ Disability on non-writing hand <input type="checkbox"/> Others. Please specify: _____	
Is your medical /professional letter attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## SECTION C ACCESS ARRANGEMENTS REQUESTED FOR (✓ check\_where applicable)

Extra Time for <input type="checkbox"/> Written papers <input type="checkbox"/> Science Practical papers <i>(Note: Extra time is NOT applicable for Listening Comprehension (LC) papers)</i>  <input type="checkbox"/> More Preparation Time for silent reading for Oral paper <input type="checkbox"/> Oral Examiners to be informed of candidate's condition  Separate room for <input type="checkbox"/> Listening comprehension <input type="checkbox"/> Science Practical <input type="checkbox"/> Written papers <i>(Note: All candidates who are granted provision to "Take exam in separate room" may be placed together in the same exam venue if conducive)</i>
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Preferential seating for  Listening comprehension  Science Practical  Written papers

Please provide details (e.g. sitting near broadcast):

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Assistance in identification of colours

**Non-Standard Question Paper (choose only one type if required)**

A3 Enlarged Print Double-sided  18- Point Bold Print on A4 sheet Double-sided

A3 Enlarged Print Single-sided  18- Point Bold Print on A4 sheet Single-sided

Use of Word Processor in a separate room

*(Note: Attach a copy of handwritten work samples and printed work samples, preferably done under school examination conditions)*

**Others.** Please specify details of request(s)

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

SUBJECT NAME	SUBJECT CODE	PAPER NUMBER

**SECTION E DECLARATION BY APPLICANT**

I declare that the information provided with this application are correct. I also consent to the information being shared internally within SEAB and MOE.

Name of Applicant:

Signature:

Date: