

## Alternative Assessment Arrangements – Formal Assessments

### (Written Invigilations / Exams)

### Supporting Documentation Form

Students studying with OUA who wish to request special arrangements for formal assessments (Exams and Tests) are required to provide supporting medical documentation outlining details of the specific disability and the functional implications of this disability in a formal assessment environment.

Information must be provided by an appropriate practitioner or health care provider and must be recorded on this form with attached documentation if required. Some Provider Universities require additional documentation and/or forms, contact should be made with Provider Disability Contact officers for documentation requirements.

The **original (or a certified copy of the original)** completed form and any **original (or certified copies of)** supporting documentation must be handed or posted to the applicable OUA Provider Disability Contact Officer. Please refer to the relevant OUA Provider for contact details.

**Please Note:** Students must apply for Alternative Assessment Arrangements with each OUA Provider where they wish to have Alternative Assessment Arrangements applied to the units being studied.

#### Student Authority for Provision of Information (to be completed by student)

OUA ID \_\_\_\_\_ Provider ID \_\_\_\_\_

Family Name \_\_\_\_\_ First name \_\_\_\_\_

Unit Code	Unit Name

**I hereby authorise the practitioner or health care provider to provide the information below and in any attachments, and I authorise the Disability Officer or Equity Officer to contact the nominated practitioner /health care provider to discuss or clarify these supports if required.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by the Practitioner / Health Care Provider**

Name of Disability or Medical Condition \_\_\_\_\_

Indicate which category the disability/condition best fits into:

- Hearing                       Mobility/Physical                       Vision  
 Neurological                       Learning                       Medical  
 Mental Health                       Other \_\_\_\_\_

Please indicate whether this condition is:

- Permanent  
 Temporary  
 Improving  
 Degenerative  
 Fluctuating

NB: Where applicable, please indicate the date the condition is expected to be resolved \_\_\_/\_\_\_/\_\_\_\_\_

**List the Functional Impacts of the disability as they apply to this student.**

How does the disability or condition impact on the student's ability to study? E.g. Inability to sit for long periods, fatigue, loss of concentration, medication effects etc. Further information may be attached.

\_\_\_\_\_  
\_\_\_\_\_

Are there specific recommendations for reasonable adjustments, in response to the functional impacts listed above that would assist this student to enable equal participation relevant to a university learning environment? Please list suggested alternative assessment arrangements: e.g. Ergonomic seating, completing exams nearer to home, enlarged printing etc.

\_\_\_\_\_  
\_\_\_\_\_

Please tick the appropriate box or boxes below if you are recommending that extra time be allocated:

Working time                       Resting time

Practitioner / Health Care Provider Name \_\_\_\_\_

Practitioner/Health Care Provider Qualifications / Title(e.g.GP, Psychiatrist, Psychologist) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Practitioner/Health Care Provider Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Provider Stamp:**