

Robert Townson High School

Application for Special Provisions



Please read and refer to the Robert Townson High School Disability Provisions Policy on the school website.

1. Student details

Full Name		
Date of application		
Nature of request	Short term circumstances (<10 weeks duration)	Ongoing circumstance (>10 weeks duration)

2. Details of disability

Please describe the disability/illness and the effect it has on the student's performance	
Has this disability/illness been diagnosed by a medical professional?	Yes / No
Has documentation been provided to the school?	Yes / No

3. Details of request

Select the types of provisions applied for (refer to school policy). Note that provisions granted are determined by NESA guidelines.			
Small group supervision		Alternative test format (font, sizing etc)	
Rest breaks/medical breaks		Assistive technology	
Specialised furniture/lighting**		Support person (eg: sign interpreter)	
Coloured paper**		Reading/writing support	
Additional time			
**Please provide further details here			

4. Signatures

Student		Date	
Parent/Carer		Date	

5. School Use

Provision granted			
Evidence sighted/held at school			
Start date		Expiry date	
Learning Support Signature			
Deputy Principal Signature			