



CARIBBEAN EXAMINATIONS COUNCIL

APPLICATION FOR SPECIAL ASSESSMENT ARRANGEMENTS

The Council requires all applicants to complete this form before Special Assessment Arrangements can be approved. Before completing this form, please read the Council's manual which provides further information on special assessment arrangements.

Any relevant documentation must be provided to support this application, including a report and recommendation from an independent specialist, for example, medical practitioner, education consultant or psychologist. (ORIGINAL DOCUMENTS ONLY)

A. TO BE COMPLETED BY CANDIDATE

EXAMINATION PERIOD			
Year: 20 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Sitting: (<i>select one only</i>):	January <input type="checkbox"/>	CSEC® <input type="checkbox"/>
		May/June <input type="checkbox"/>	CAPE® <input type="checkbox"/>
			CCSLC® <input type="checkbox"/>
CENTRE DETAILS			
Centre No: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Centre Name: _____		
Name of Principal: _____			
Telephone No(s): () _____ () _____			
Fax No: () _____			
E-mail Address: _____			
APPLICANT'S PERSONAL DETAILS			
Candidate's Registration Number (<i>if known</i>): <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>			
Candidate's Last Name: _____			
First Name(s): _____			
Date of Birth: ____/____/____ DD / MM / YY		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
REASON FOR APPLICATION			
State the reason for the application as precisely as possible, for example, impaired vision, cerebral palsy, learning disability, temporary physical disability, etc.			

If the candidate has previously applied to CXC for Special Assessment Arrangements, please indicate the year of the most recent application and whether it was approved:			
Year: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Approved <input type="checkbox"/>		Not Approved <input type="checkbox"/>

SPECIAL ASSESSMENT ARRANGEMENTS REQUESTED

Indicate the type of special arrangements that are being requested for each subject the candidate is registered to write:

Subject Name	Unit (CAPE)	Proficiency (CSEC)	Required Arrangement(s) <i>(Use codes on pg 2)</i>	PRIVATE CANDIDATES ONLY ALTERNATIVE PAPER?		CXC USE ONLY
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

OTHER COMMENTS

Please add any other comments you wish to make in support of the application.

PRINCIPAL'S DECLARATION

I declare that to the best of my knowledge the information provided in this application is correct.

Name: _____
(Block Capitals) Principal/Nominee Designation

Signature: _____ Date: _____
Principal/Nominee DD/MM/YY

Affix school stamp

CANDIDATE'S DECLARATION

Special assessment conditions may not be approved if this declaration is not fully completed and signed.

I _____
Candidate's name in block capitals

understand that if this application for special assessment arrangements is approved, the certificate and preliminary slip may be endorsed as appropriate.

Signature: _____ Date: _____
Candidate *DD/MM/YY*

Signature: _____ Date: _____
Parent/Guardian *DD/MM/YY*
(if candidate is less than 18 years of age)

LOCAL REGISTRAR'S DECLARATION

(FOR PRIVATE CANDIDATES NOT ENROLLED IN AN EDUCATIONAL INSTITUTION)

I declare that to the best of my knowledge the information provided in this application is correct.

Name: _____ (Block Capitals)
*Local Registrar**

Signature: _____ Date: _____
*Local Registrar**

The Local Registrar must sign on behalf of **all private candidates who are not enrolled in an educational institution.*

FOR OFFICIAL USE

Date Received: _____

Completed Form Approved Not Approved

Medical Report/Psychologist's evaluation Date LR notified _____