



**Comment on how the disability, impairment and/or medical condition affects your daily functioning in the classroom.**

**Describe how the disability, impairment and/or medical condition is a barrier to your access to the assessment and/or to your ability to communicate a response to assessment.**

**What kind of arrangements help you to be able to complete assessment, e.g. extra time, rest breaks, assistive technology?**

**Student signature:** .....

**Date:**     /     /

**Parent/carer signature  
(if student is under 18):** .....

**Date:**     /     /