

STATE EXAMINATIONS COMMISSION

RACE SCHEME LEAVING CERTIFICATE/LEAVING CERTIFICATE APPLIED NEW ACCOMMODATIONS FORM 2017

USE THIS FORM TO APPLY FOR NEW/ADDITIONAL/DIFFERENT REASONABLE
ACCOMMODATIONS

Closing date for submission of this form is 9th December 2016.

SECTION 1

Candidate Identification Details

Nature of Difficulty (please tick as appropriate)

| | | | | | | | |
|---------------------|--------------------------|------------|--------------------------|------------|--------------------------|----------|--------------------------|
| Learning | <input type="checkbox"/> | Hearing | <input type="checkbox"/> | Visual | <input type="checkbox"/> | Physical | <input type="checkbox"/> |
| Leaving Certificate | <input type="checkbox"/> | LCA Year 1 | <input type="checkbox"/> | LCA Year 2 | <input type="checkbox"/> | | <input type="checkbox"/> |

Year in which candidate sat the Junior

| | | | | |
|--|------|--------------------------|------|--------------------------|
| Certificate examination (please tick): | 2014 | <input type="checkbox"/> | 2015 | <input type="checkbox"/> |
|--|------|--------------------------|------|--------------------------|

Name of Candidate: _____

Personal Public Service Number:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Date of Birth: _____ Male Female

Name of School: _____

School Address: _____

| |
|--------------------|
| Roll Number |
|--------------------|

| |
|------------------------|
| School Phone No |
|------------------------|

School e-mail address: _____

Application form prepared by: _____ Role within school: _____

SECTION 2

Please state the reasons for applying for these new, additional, different accommodations.

Please indicate what learning supports, resource hours or other interventions have been put in place as part of a continuum of support for this candidate.

SECTION 3

APPLICATION ON THE GROUNDS OF A LEARNING DIFFICULTY

Please note that applications on behalf of candidates with the writing difficulty associated with dyspraxia or dysgraphia should also be made under this section.

Supporting documentation should not accompany this form but should be held in the school.

(a). APPLICATION FOR READING ACCOMMODATIONS

EVIDENCE OF ELIGIBILITY

(i) Standardised score of Word Reading

| Subtest | Test Name | Date Administered | Standard Score |
|--------------|-----------|-------------------|----------------|
| Word Reading | | | |

(ii) Error Rate

N.B. For each sample, the level read, must be the same level the candidate intends to sit in the examinations.

| | Subject | Year | Level read | Intended level | Word count | No. of errors |
|----------|---------|------|------------|----------------|------------|---------------|
| Sample 1 | | | | | | |
| Sample 2 | | | | | | |
| Totals | | | | | | |

Percentage of errors $\frac{\boxed{\text{Total no of errors}}}{\boxed{\text{Total word count}}} \times 100 = \boxed{} \%$ errors.

(iii) Rate of Reading $\frac{\boxed{\text{Words read}}}{\boxed{\text{Time in seconds}}} \times 60 = \boxed{}$ words per minute

ACCOMMODATIONS RECOMMENDED

Please indicate the accommodation recommended by placing a ✓ in the relevant box.

Reading Assistance

Individual Reader

Please note that, as part of the quality assurance programme, evidence of need may be sought from the school.

(b). APPLICATION FOR WRITING ACCOMMODATIONS

EVIDENCE OF ELIGIBILITY

(i) Standardised score of Spelling

| Subtest | Test Name | Date administered | Standard Score |
|----------|-----------|-------------------|----------------|
| Spelling | | | |

(ii) Error Rate

| | Subject | Level | No of words written | No. of errors |
|----------|---------|--------|---------------------|---------------|
| Sample 1 | | | | |
| Sample 2 | | | | |
| | | Totals | | |

Percentage of errors $\frac{\boxed{\text{Total no of errors}}}{\boxed{\text{Total words written}}} \times 100 = \boxed{} \%$ errors.

(iii) Speed of Handwriting $\frac{\boxed{\text{Words written}}}{\boxed{\text{Time in seconds}}} \times 60 = \boxed{}$ Words per minute

| Details of handwriting test administered | Name of test | Date administered |
|--|--------------|-------------------|
| | | |

ACCOMMODATIONS RECOMMENDED

Please indicate the accommodation recommended by placing a ✓ in the relevant box.

WAIVER FROM ASPECTS OF SPELLING AND GRAMMATICAL COMPONENTS IN LANGUAGE SUBJECTS.

Please note the following accommodations preclude the assessment of aspects of spelling and grammatical components in language subjects.

WORD PROCESSOR (spell check enabled)

RECORDING DEVICE

SCRIBE - A scribe should only be recommended in the most exceptional circumstances as the SEC expects that most candidates will use a Word processor or recording device if they have a difficulty with writing. It is not acceptable for the candidate to “choose” not to use a word processor or recording device. Please outline below, the reason(s) why these aids are deemed unsuitable.

WORD PROCESSOR: _____

RECORDING DEVICE: _____

SECTION 4

APPLICATION ON THE GROUNDS OF A HEARING DIFFICULTY

Following consultation with the Visiting Teacher Service, please outline the accommodations recommended for this candidate.

Please indicate the accommodation recommended by placing a ✓ in the relevant box(es).

PERSONAL CD PLAYER IN MAIN CENTRE FOR AURAL EXAMINATION(S)

SPECIAL CENTRE FOR AURAL EXAMINATION(S)

MODIFIED AURAL EXAMINATION

EXEMPTION FROM AURAL SECTION OF EXAMINATION

SIGN LANGUAGE INTERPRETER

STANDARD ORAL FOR HEARING IMPAIRED

EXEMPTION FROM THE ORAL EXAMINATION

Please note that, as part of the quality assurance programme, the SEC may consult with the Visiting Teacher Service

SECTION 5

APPLICATION ON THE GROUNDS OF A VISUAL DIFFICULTY

Following consultation with the Visiting Teacher Service, please outline the accommodations recommended for this candidate.

Please indicate the accommodations recommended by placing a ✓ in the relevant box(es).

ENLARGED EXAMINATION PAPERS

The enlarged examination papers are requested for the following subject(s)

BRAILLED VERSION OF EXAMINATION PAPER

The brailled version of examination papers are requested for the following subjects

MODIFIED VERSION FOR VISUALLY IMPAIRED

The modified version of the examination papers are requested for the following subjects:

THE USE OF LOW VISION AIDS/MAGNIFIERS AND READING LAMPS

READING ASSISTANCE

READER

WORD PROCESSOR
(spell check disabled)

COLOUR IDENTIFIER
(GEOGRAPHY ONLY)

Please note that, as part of the quality assurance programme, the SEC may consult with the Visiting Teacher Service.

SECTION 6

APPLICATION ON THE GROUNDS OF PHYSICAL DIFFICULTIES

(Including physical, medical, sensory, emotional and behavioural conditions)

Please note that applications on behalf of candidates with the writing difficulty associated with dyspraxia or dysgraphia should be made on section 3 of this form.

1. Please give details of the candidate's difficulties.

2. Please give details of how the candidate copes with his/her difficulty in day to day schooling and in-house examinations.

3. Details of evidence of need collected by the school e.g. Medical or other professional reports.

Please indicate the accommodations recommended by placing a ✓ in the relevant box(es).

WORD PROCESSOR
(spell check disabled)

RECORDING DEVICE

SCRIBE - a Scribe should only be recommended in the most exceptional circumstances as the SEC expects that most candidates will use a word processor or recording device if they have a difficulty with writing. It is not acceptable for the candidate to "choose" not to use a Word processor or recording device. Please outline below the reason(s) why these aids are unsuitable.

WORD PROCESSOR: _____

RECORDING DEVICE: _____

HELPER IN PRACTICAL TESTS

USE OF DRAFTING MACHINES/DRAWING BOARDS

USE OF A SHARED SPECIAL CENTRE

(in very exceptional circumstances a separate written application may be made for an individual special centre)

If not signed by Candidate, Parent/Guardian and Principal, this form will be returned.

Parental/Candidate Consent

I certify that:

- (a) I have read and understand the 2017 RACE guide for students.
- (b) I understand the accommodation(s) being sought and I consent to the school making all necessary information available to the State Examinations Commission.
- (c) I understand that if I am accommodated in an individual special centre, audio recording may be in operation in that centre.

Signed

Candidate: _____ Date: _____

Parent/
Guardian: _____ Date: _____

SCHOOL ENDORSEMENT

I have read the 2017 RACE *Instructions for Schools* and I certify that this candidate is eligible for the accommodations recommended according to these instructions and that the need for support(s) recommended by me has been established in line with these instructions. I understand that the SEC has the right to review the evidence and information in support of any and all applications. I understand that the SEC has the right to refuse this application if eligibility has not been properly assessed.

School Principal

Date

All closing dates will be strictly applied.

Data Protection

The State Examinations Commission (SEC) is registered data controller with the Office of the Data Protection Commissioner. The personal information provided in this application form shall be processed in accordance with the provisions of the Data Protection Acts and solely processed for the purpose of administering the application.

The personal information will not be disclosed to any external third party without the consent of the candidate or his/her parents except where necessary to comply with statutory requirement or where an organisation is acting on our behalf.

A candidate has the right to request access to his/her personal data as well as the right to rectify and, where applicable, erase any inaccurate, incomplete or immaterial personal data processed by the SEC.