

Reasonable Adjustment request form

To be completed where the Reasonable Adjustment must be approved, or approved and applied, by AAT.

Centre name	
Centre approval code	

Before completing this form, please ensure that the type of Reasonable Adjustment being requested by the Assessment Centre is permitted – see section 9.5 and Appendix A of the *Guidance on the application of Reasonable Adjustments and Special Consideration in AAT assessments*.

Name of student		
AAT Student ID		
Qualification (Q22/EPA):		
Assessment / component name(s) or code(s):	<i>If for a permanent condition, the qualification and assessment information are not required.</i>	
Important information regarding reasonable adjustments for EPA apprentices: <ol style="list-style-type: none"> Apprentices must be registered on SEPA before a reasonable adjustment can be requested and/or approved, otherwise there is a risk that it is not applied to the assessment in either SEPA or ATLAS Cloud. Where a reasonable adjustment is requested for an EPA structured interview/professional discussion only, then should it later be required for an ATLAS Cloud-sat assessment you will need to contact AAT again with either an updated reasonable adjustment form or via a request to apply the previously submitted request to the ATLAS Cloud assessment(s). 		
Specific impairment	<i>e.g. dyslexia</i>	
Is this impairment:	Temporary <input type="checkbox"/>	Permanent <input type="checkbox"/> <i>Reasonable adjustments for permanent conditions only need to be requested once unless they meet the above EPA criteria.</i>
If temporary, please indicate how long the student may be affected (if known):		
Reasonable Adjustment(s) being requested	<i>e.g. Extra time, taking the assessment at an alternative site</i>	

Supporting statement	
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Declaration

I confirm that I have read and understood the *Guidance on the application of Reasonable Adjustments and Special Consideration in AAT assessments* in relation to when and how Reasonable Adjustments must be requested to be approved, or approved and applied by AAT, that the information on this form is accurate and contains the exact details of the Reasonable Adjustment being requested for this student's assessment(s), and that it is being requested in accordance with AAT's guidance.

Where applicable we can provide the arrangements being requested if their use is approved by AAT, as well as the supporting evidence for it. Additionally, I can confirm that the student has been kept informed of this request and the details contained within it, agrees with the Reasonable Adjustment that is being requested and gives their authorisation for AAT to seek further advice from the author of the student's medical evidence.

Signed:	Date:
Position at Centre	
Authoriser signed:	Date:
Position at Centre	

This form must be completed and submitted to AAT at least 2 weeks prior to the planned date for the assessment(s).

Return to: Partner Support team
 Email: assessment.support@aat.org.uk
