

## Access Arrangements

Read the guidance notes at the end of the form before you fill it in.

<b>Centre number</b>  <b>Candidate number</b>  <b>Exam series</b>	<table border="1" style="border-collapse: collapse; width: 100%;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="5" style="height: 20px;"></td></tr> </table>																<b>Centre name</b>  <b>Candidate name</b>	<table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"></table> <table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"></table>

Syllabus title	Syllabus code	Component(s)

**If the candidate has been allowed to use access arrangements before, describe the type of arrangements and when they were used in the box below. Please specify whether the access arrangements were approved by Cambridge or another awarding body.**



**For UK Centres:** If you have JCQ approval for the access arrangements you are requesting, please complete up to section A on page 2 of this form and attach the JCQ outcome letter.

I support this application and am satisfied that the information on this form is correct.

<b>Signed (Head of Centre)</b>		<b>Date</b> <small>(DD/MM/YY)</small>	
<b>Name</b>			

If you submit this form electronically please tick the check box as an alternative to signing the form.

### Returning this form

Return this form to [info@cie.org.uk](mailto:info@cie.org.uk). Please include your Centre number and 'Form 1 Access Arrangements' in the subject line of your email. Save a copy of the form for your own records. If you are an Associate Centre and work with us through a Cambridge Associate please send this form to your Cambridge Associate.

Candidate number

Candidate name

**Arrangements requested**

The Centre completes this section after the candidate's assessment. Tick the relevant box below or complete as specified with the access arrangements requested for the candidate. Be as specific as possible.

Reader <small>(*Please see note below)</small>	Scribe	Practical assistant	More than 25% extra time (specify amount)
			%

\*A human reader is not permitted for any language syllabus where reading is one of the competence standards being assessed. Please refer to the *Cambridge Handbook* for guidance on alternative access arrangements to suit your candidates' needs.

Voice activated software	Exemption (specify syllabus and component)	Word processor with spell check activated (instead of scribe only)	Computer reader (specify syllabuses- write 'All' if required)

**Centre-delegated access arrangements**

If the candidate also requires Centre-delegated access arrangements, tick the checkbox next to the arrangement(s) you plan to use.

25% extra time	Word processor	Supervised rest breaks	Separate invigilation*
Prompter	Transcript	Reading aloud	Visual aids
Colour naming	Simple translation dictionary	Coloured overlay	Live speaker (to use with transcript of Listening exam)
Reading pen	Any other (please specify)		

\*To apply for separate invigilation at an alternative venue, please complete ['Entries - Form 5'](#).

**SECTION A: TEMPORARY/PERMANENT DISABILITY**

Explain why you are applying for these access arrangements in the box below.

Is supporting evidence supplied?    **Yes**                      **No**

**SECTION B: LEARNING DIFFICULTIES**

**History of need**

Does the candidate have a history of difficulties with acquiring and developing literacy skills? If 'yes' give brief details below. Please include school records, reports, previous psychological assessments and results of screening tests when you submit the form.

Candidate number

Candidate name

**History of provision**

Have any of the following been made available to the candidate:

- Learning support
- A differentiated curriculum
- Special assessment arrangements.

If 'yes' please give details and dates in the box below. Indicate which arrangements represent the candidate's normal way of working.

Does the candidate's level of attainment suggest that he/she should be able to cope with the content of the exam for which they are entered?

**SECTION C**

A qualified specialist (such as an educational psychologist/specialist assessor) must complete this section. You do not need to recommend the type of access arrangements needed. Please assess the candidate and discuss appropriate arrangements with the Centre.

Complete the sections that relate to the application. For example, complete the sections on reading for reader applications. Enter 'N/A' in sections that do not relate to the application.

**Reading skills**

**1. Reading accuracy**

Is the candidate's untimed (single word) reading accuracy in the **below average** range for his/her age? 'Below average' means at least one standard deviation below the mean on a nationally standardised test that has a standardised score of less than 85.

**YES      NO**

Please give the candidate's result on a single word reading test as a standardised score.

<b>Name of test</b>	
<b>Test ceiling</b>	
<b>Date of administration</b>	
<b>Standardised score</b>	

**2. Reading speed and comprehension**

Does the candidate read and/or comprehend continuous text at a speed/level which is below average for his/her age? 'Below average' means at least one standard deviation below the mean on a nationally standardised test that has a standardised score of less than 85.

**YES      NO**

Candidate number

Candidate name

Give the candidate's result on their timed assessment of reading text with comprehension.

<b>Name of test</b>	
<b>Test ceiling</b>	
<b>Date of administration</b>	
<b>Reading speed wpm</b>	
<b>Reading speed standardised score, if available</b>	
<b>Comprehension standardised score</b>	

### Writing skills

#### 3. Accuracy and legibility

Is the candidate's spelling accuracy in the below average range?

YES NO

Does the candidate's spelling and/or handwriting make his or her free writing largely illegible to someone who is not familiar with it?

YES NO

Is the candidate's free writing incomprehensible to someone who is not familiar with it?

YES NO

Is the candidate proficient in the use of a word processor?

YES NO

A word processor is only permitted if the candidate can use one proficiently, and evidence is supplied to show impairment or to show that their writing is produced at a below average speed.

Please give the results of a spelling assessment, stating how many errors were unrecognisable as the target word.

<b>Name of test</b>	
<b>Test ceiling</b>	
<b>Date of administration</b>	
<b>Spelling standardised score</b>	
<b>Errors unrecognisable as target word, expressed as a percentage of the whole assessment</b>	

Candidate number

Candidate name

4. Does the candidate express him/herself in written form more slowly than is average for his/her age?

YES NO

Name of test	
Free writing speed (wpm)	
Percentage of indecipherable words	
Free writing speed (wpm) when dictated to scribe/word-processed	
Quality of language – please comment	

**Other relevant information**

Include any other relevant information in the box below. Complete this section if the candidate does not meet the strict normative criteria for access arrangements (i.e. generally with standard scores that fall below the 85 threshold). Use this section to explain why we should allow them to use access arrangements and to present any supporting evidence. If you have a full diagnostic report, please submit it with this form.

Name of the author of this report  
*(Please print)*

Are you:

A qualified psychologist?

YES NO

A full/affiliated member of the Association of Educational Psychologists?

YES NO

A specialist assessor with relevant accredited qualification approved by the Head of Centre?

YES NO

Name of the institution where you are currently employed as a teacher contracted to carry out these assessments:

Specialist qualification held:

Evidence attached YES NO

I certify that the above information is accurate and that I have answered all the relevant questions in Section C.

Signature

Date (DD/MM/YY)

Name

If you submit this form electronically please tick the check box as an alternative to signing the form.

## Guidance notes

### Background

Please read Part 1 of the *Cambridge Handbook* before completing this form.

We let Centres use certain access arrangements without our permission. These arrangements are known as delegated arrangements. Please use '[Preparation – Form 4](#)' to notify us if you plan to use any of these arrangements.

You can order modified papers using '[Preparation – Form 3](#)'.

To apply for separate invigilation at an alternative venue please complete '[Entries – Form 5](#)'.

Only use this form to apply for access arrangements for candidates who:

- are permanently disabled, for example, blind, hearing impaired, dyslexic
- have a temporary disability that will affect their access to the exam, for example, a broken arm which means they are unable to write, or will take longer to write.

If the candidate is disadvantaged due to a temporary illness, for example, chicken pox, please submit an application for special consideration. See section 5.8 of the *Cambridge Handbook* for guidance.

### Completing the form

#### *First part of the form*

- Complete all fields.
- The Head of Centre must sign the form on page 1.
- Give details of any previously approved access arrangements.
- Give details of the access arrangements you are requesting.

#### *Section A*

- List all the details relating to the candidate's condition/circumstances.
- Indicate if supporting evidence is supplied.

#### *Section B*

Give details of the candidate's history of need and history of provision, for example, if the candidate is used to working with a reader, writer or word processor.

#### *Section C*

A qualified specialist must complete this section. If they have a report that includes all the information we ask for in *Section C* you can submit this instead.

### Deadlines

The deadlines for submitting this form are:

- June series – 21 January
- November series – 1 July

This is an interactive PDF. To complete it on screen we recommend you use Adobe Reader 9 or later or Adobe Acrobat. You can download Adobe Reader for free at <http://www.adobe.com/products/reader.html>  
If you use an earlier version of Adobe Reader your data will not be saved.