

North Port High School Cambridge Assessment Access Arrangements Form

Candidate Name:

Grad year: _____

SECTION A: Access Arrangements: These are the accommodations offered for Cambridge exams. Put a check in the box of the arrangement(s) requested.

To request an accommodation that is not listed, please contact Dr. Little directly.

No Access Arrangements requested for AICE testing in the Spring of 2025

FOR ANY OF THE ACCESS ARRANGEMENTS BELOW, THE REQUESTED ACCOMMODATION MUST BE LISTED AS A <u>TESTING</u> ACCOMMODATION ON THE STUDENT'S 504 OR IEP.

CLASSROOM ACCOMMODATIONS DO NOT APPLY TO AICE TESTING.

What type of documentation does the student hav	e?	504 plan	IE	P
What is the student's disability/diagnosis?				

	25% extra time				
	Prompter (proctor can remind candidate to get back to work or move on to the next question)				
	Word Processor (if candidate has a physical impairment which results in difficulty writing – fill out back page)				
	Large Print (for students with visual impairment - must be ordered early in the year)				
	Exemption from speaking component (Hearing impairment only) Written Directions (Hearing impairment only)				
	50% extra time If a student would like to request 50%, that student must meet one of the following criteria:				
	 multiple disabilities severe physical handicaps blindness 				
	Please fill out the back of this form to apply for 50% extra time or a Word Processor.				
l attest	that the information provided in this application is true to the best of my knowledge. I further give my				

I attest that the information provided in this application is true to the best of my knowledge. I further give my permission for the Cambridge exams officer to disclose this information to Cambridge Assessment International Education for the purposes of securing access arrangements for this candidate on Cambridge examinations.

Parent/Guardian Signature:	Date:
I attest that the information provided in this application is tru	e to the best of my knowledge.

Candidate Signature: _____ Date: _____

If you need to change your request prior to testing, please fill out a new form and turn it in by March 1.

OPTIONAL DOCUMENTATION

Cambridge requires us to defend a request for Access Arrangements above 25% or for a word processor by describing how the student's disability is a barrier to that student demonstrating their learning on a Cambridge exam. If you are applying for more than 25% or a word processor, please fill out this side of the form and return it or email your answers to Dr. Little (Margaret.little@sarasotacountyschools.net).

SECTION B: Barriers to Assessment

Explain how the student's disability /diagnosis prevents them from performing up to their ability on AICE exams.

SECTION C: History of Assessment Accommodations: Please list current accommodations the student has been approved for on state/national assessments and awarding body. (e.g., 25% extra time on SAT -College Board, etc.):

Please describe how often and in what circumstances the candidate uses their accommodations in testing situations. You may include classroom assessments and standardized tests such as FAST. (e.g. "The student typically uses 25% extra time on half of the tests he/she takes in the classroom and always uses the full 25% extra time on standardized tests that require written responses.")

SECTION D: Evidence

If you have any evidence of disability/ diagnosis THAT THE SCHOOL DOES NOT ALREADY HAVE (preferably dated within 36 months of the exam series) please send it to Dr. Little or your child's counselor at North Port High School. <u>Evidence must include</u>: Printed name of qualified specialist, number of years of experience in field, credentials of qualified specialist, and their signature.

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Parent/Guardian Signature:				

I attest that the information provided in this application is true to the best of my knowledge.

Candidate Signature: ____

Date: _____