

# Special Provisions Application



Name:	Year:
Year Co:	Package:

**Steps:**

1. Complete all details of this form.
2. Return form and supporting documentation to Student Services.
3. Book an appointment with a Year Coordinator, Student Services Executive or School Psychologist to discuss your application.

**Reason for Application:**

*Describe the reason for your application (e.g. mental health, sporting, travel or family). If you have trouble writing the statement below, speak with a teacher you trust, your year coordinator or the school psychologist.*

**Educational Impact:**

*Describe how your reason above is impacting your studies this semester.*

**Teachers/Subjects:**

A		E	
B		F	
C		G	
D		H	

**Suggested Adjustments:**

*Describe the support you believe you may need in order to succeed this semester. Speak with a teacher you trust, your year coordinator or the school psychologist for strategies.*

**Supporting Documentation:**

All applications must be accompanied by supporting documentation from relevant professionals. If you are unable to obtain documentation or require assistance please schedule a meeting with our School Psychologist for support.

Please tick the following:

- Supporting Documentation Attached.
- Support Documentation Assistance Required.

**Period of Application:**

All applications must have a determined adjustment period for school and system records. Special Consideration is reviewed on a semesterly basis.

- I require Special Consideration for a short period, the dates are: \_\_\_\_\_.
- I require Special Consideration for the entire term.
- I require Special Consideration for the entire semester.
- I am unsure and will discuss in my appointment.

**Appointment:**

- I have booked an appointment with a relevant staff member to process my application, my appointment is scheduled for: \_\_\_\_\_.

**Goals:**

- My learning goal to improve my academic skills is:

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- Not applicable to circumstance.

**Statement of Understanding:**

1. I declare that the information provided by me is correct.
2. I understand that I must inform Student Services if my circumstances change.
3. I understand that I can come to Student Services to seek assistance with any matters related to my attendance or assessment at any time and that it is my responsibility to do so.

Please Note - Special Consideration will not alter grades or guarantee passing grades but provides support to students with specific needs.

Signed: \_\_\_\_\_ (Student)

Signed: \_\_\_\_\_

\_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_