



## Personal Tutor Referral Form for Exam Arrangements

Student Forename	Student Surname	Enrolment No.
Tutor Forename	Tutor Surname	F.E. <input type="checkbox"/>
		H.E. <input type="checkbox"/>
Course Title	Tel No:	
	Email:	
Exam Dates/Times		
Reason for Request?		
<input type="checkbox"/> Previous Exam Arrangements <input type="checkbox"/> Tutor Assessed Need Note: Please provide any previous evidence where possible.		
Type of Exam Arrangement Required?		
<input type="checkbox"/> Reader <input type="checkbox"/> Scribe <input type="checkbox"/> Extra Time <input type="checkbox"/> Rest Breaks <input type="checkbox"/> Prompter <input type="checkbox"/> Separate Room <input type="checkbox"/> Communication Support Worker <input type="checkbox"/> Support Worker <input type="checkbox"/> Accessible Format <input type="checkbox"/> Other (Please Specify) _____		
Learning Difficulty or Medical Condition?		
<input type="checkbox"/> Medical <input type="checkbox"/> Mobility <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Visual Loss <input type="checkbox"/> Specific Learning Difficulty <input type="checkbox"/> Other Please State _____		
How does the above condition(s) or difficulty(s) affect the student?		
Continued on reverse		

Please state normal working practice in classroom to reflect request:

- LSA       Scribe       Laptop       Buddy System       Extended Deadlines
- Hand outs Prior       Additional Material       Tutor Notes       Audio Describe
- Modified Materials       Specific Software       Time Out       Flexible Timetable
- Language Modification       CSW (Communication Support Worker)       Use of LRC
- Equipment (Please Specify) \_\_\_\_\_
- Other (Please Specify) \_\_\_\_\_

Please enter any additional information below.

Tutor Signature \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_