REASONABLE ADJUSTMENT REQUEST FORM

This form must be submitted at least 6 weeks before the requested examination date.
Submission is made by emailing this form to exams@i-path.org

Section 1 - Centre / Teacher Details

Centre Name	
Centre ID (if applicable)	
Teacher / Course Leaders Name	
Email Address	
Telephone Number	

Section 2 - Learner Details

Learner Full Name	
Date of Birth	
Qualification / Subject	
Grade / Level	
Requested Examination Date	
Exam Format	**Face to Face / Live Video Exam / Recorded Video Exam**

Section 3 - Nature of the Learner's Need

Please describe the learner's disability, learning difficulty, medical condition or other need that may impact assessment. (Do not include unnecessary personal or medical detail.)

Section 4 - Requested Reasonable Adjustment

Please describe the reasonable adjustment you are requesting and how it supports the learner to demonstrate their attainment without changing the assessment requirements.

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Section 5 - Usual Way of Working

Please confirm how the learner normally works during lessons and assessments.

Section 6 - Supporting Evidence (where available)

Please indicate what evidence is available to support this request (tick all that apply):

☐ Education, Health and Care Plan (EHCP)
☐ Medical or professional evidence
☐ Historical support provided during learning
☐ Other (please specify):

(Please note: an EHCP does not automatically guarantee approval.)

Section 7 - Declaration (Centre / Teacher)

I confirm that:

- the information provided is accurate and complete
- the requested adjustment reflects the learner's normal way of working
- the adjustment will not give the learner an unfair advantage
- I understand that I-PATH may propose an alternative arrangement where appropriate

Name	
Signature	
Date	

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Section 8 - I-PATH Decision (Office Use Only)

☐ Adjustment approved as requested
☐ Alternative adjustment proposed
☐ Referred to Examinations & Standards Committee

Approved / Proposed Adjustment:

Examiner Notified: ☐ Yes ☐ No
Decision Date:
Authorised by:

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