**Reasonable Adjustments Application Record for**

**End-Point Assessment**

Please complete a separate form for each individual apprentice and submit via [epasupportservices@professionalassessment.co.uk](mailto:epasupportservices@professionalassessment.co.uk) prior to the apprentice’s Gateway: (Note PAL will accept Training Provide/College request form providing it gives the same information as indicated in this form)

|  |  |  |
| --- | --- | --- |
| **Training/Employer Provider:** |  | |
| **Apprentice Name and ULN:** | Name | ULN |
| **Employer and Site details:** | Required for onsite assessments only | |
| **Apprenticeship Standard for End-Point Assessment:** |  | |
| **Expected date for Gateway:** |  | |
| **Access Arrangement Requested for which assessment components** | TestProfessional Discussion/Interview  PresentationOral Questions  Observation/Practical  ProjectOther Please state | |
| **Indicate the specialist evidence held on file by Training Provider/College confirming the apprentice’s disability**  **PAL reserves the right to request sight of the specialist evidence**  **One box should be checked unless request is for supervised rest breaks**  **(NOTE: this is NOT required for Supervised Rest Breaks)** | ☐ CAMHS  ☐ a HCPC registered psychologist  ☐ a registered specialist medical consultant  ☐ a psychiatrist  ☐ a speech and language therapist  ☐ the Local Authority Specialist Service (e.g., Sensory Impairment Service or Occupational Health)  ☐ an EHCP, Statement of Special Educational Need of IDP (Wales and NI)  Other approved diagnostic evaluation  ☐ other appropriate medical evidence | |
| **Apprentice Data Sharing Consent:** | Has the apprentice approved the application for a reasonable adjustment made on their behalf?  Yes  No | |
| **Declaration:** | *The information provided on this record is accurate and I support the application for adjustment:* | |
| **Name of Provider Contact making the request:** |  | |
| **Date:** |  | |

**Evidence for supervised rest breaks/different or amended assessment location/language modified assessment materials/screen reader/scribe/prompter/practical assistant**

**Note for supervised rest breaks, the frequency and duration of the breaks required**

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| What is the nature of the apprentice’s impairment? |
|  |
| Confirm which reasonable adjustments required  supervised rest breaks  different or amended assessment location language modified assessment materials screen readerscribeprompterpractical assistant |
| Confirmation that these adjustments are utilised in the apprentice’s workplace and have been utilised in any practice/mock assessments and note where such evidence to support this is held  Confirmation appropriate evidence available Yes NoN/A (rest breaks) |

**Evidence for 25% extra time**

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| What is the nature of the apprentice’s impairment? |
|  |
| How will the extra time support the apprentice in the assessment? |
|  |
| Confirmation that these adjustments are utilised in the apprentice’s workplace and have been utilised in any practice/mock assessments and note where such evidence to support this is held  Confirmation appropriate evidence available Yes NoN/A (rest breaks) |
| Note:  Formal evidence to support the request must be available and PAL reserves the right to check such evidence |

**Evidence for 26%-50% extra time and if required 50% extra time**

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| What is the nature of the apprentice’s impairment? |
|  |
| How will the extra time support the apprentice in the assessment? |
|  |
| Confirmation that these adjustments are utilised in the apprentice’s workplace and have been utilised in any practice/mock assessments and note where such evidence to support this is held  Confirmation appropriate evidence available Yes NoN/A (rest breaks) |
| Note:  Formal evidence to support the request must be available and PAL reserves the right to check such evidence |

**Access to a smartphone or device for medical purposes**

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| What is the apprentice's medical condition? |
|  |
| Confirm that the need to access the mobile phone during an assessment reflects the apprentice’s current working arrangements |
|  |
| Note:  Formal evidence to support the request must be available and PAL reserves the right to check such evidence  An apprentice with a medical condition will be subject to 1:1 invigilation when in possession of their mobile phone to ensure the integrity of any exam/test, for all other forms of assessment the assigned assessor will follow PAL protocols for ensuring safe and valid assessments. |

**On the basis of the evidence detailed within this form, record the access arrangements that are required.**

**☐ Supervised rest Breaks**

**☐ 25% extra time**

**☐ 26-50% extra time**

**☐ Over 50% extra time**

**☐ Reader/Scribe/Prompter/Practical Assistant**

**☐ Screen Reader / speech recognition technology / word processor with spellcheck, grammar and/or predictive text switched on**

**☐ Access to a mobile phone for medical purposes**

**☐ Assessment location/materials amendment**

For Professional Assessment use only:

|  |  |
| --- | --- |
| **Request Approved/Not Approved:** |  |
| **Adjustment Details Planned During EPA (where approved):** |  |
| **Name of Decision Maker and Date:** |  |