



Information for Health Professionals and Evidence Templates

This section contains information for registered health professionals writing medical reports to support applications for students with disability, illness or impairment to be considered for equitable access adjustments (special examination arrangements) in the ATAR course examinations.

Equitable Access Adjustments for the ATAR course examinations

The School Curriculum and Standards Authority recognises and supports that individual students may need special external assessment arrangements to allow them to demonstrate their knowledge, understandings and skills within certain courses. The Authority aims to ensure that arrangements are available for students to demonstrate their capabilities where their access to an ATAR course examination is affected by disability, illness or impairment.

Medical practitioners should refer to the document *Equitable Access to Assessment Policy* on the Authority's website before recommending adjustments to standard assessment conditions for a patient. The document outlines suitable levels of support for those students who have demonstrated that their disability or illness has impaired their access to assessments under standard conditions. It is this demonstrated impaired access that will be considered when deciding adjustments for a student, rather than the existence of a medical condition. The adjustments are to facilitate reasonable access, not maximize performance. Not all students will require adjustments, and the form of adjustment may vary over time and with the nature of the examination.

Results of standardised assessments will help quantify the level of impairment being experienced by the student. These will need to be provided to the school, where they are relevant to the student's circumstances. Where a range of adjustments is possible for a particular condition, the lowest level of support should be trialled first, only moving to higher levels when access has not been reasonably assisted after an appropriate period of implementation.

Medical reports are to be completed by the student's registered health professional working within their area of specialisation, who is managing the condition. This person is not to be related to or a friend of the student. Information needs to be current and related specifically to the relevant assessment. This could be a written examination, or a practical performance or oral examination. All information is treated in strictest confidence and is only used for the purpose of determining a student's eligibility for examination adjustments.

An evidence template is provided for recording relevant information. If the health professional does not use this form, they may supply a current medical report containing all the required information as specified on the form:

- diagnosis of the medical condition and/or disability
- date of diagnosis
- date of occurrence or onset of the condition
- details of symptoms, treatment or course of action related to the conditions
- how the condition impacts on the student accessing a timed assessment (examination)
- recommended adjustments, based on the provisions outlined in the policy, with reasons for the request and supported by appropriate standardised assessments.



Fine Motor Disorders Evidence Template

To be completed by the student's registered health professional working within their area of specialisation, who is managing the condition. [Refer to the coversheet before completing.](#)

| Student details | |
|---|-------|
| Student name | |
| WA student number | |
| I give permission for my health professional to provide additional information concerning this application to the School Curriculum and Standards Authority, if required. | |
| Student signature _____ | Date: |
| Parent/carer signature (optional) | Date: |

| Health professional details | |
|--|-------|
| Name | |
| Profession | |
| Phone | |
| Specialty/qualifications (if applicable) | |
| Place of work | |
| Registration number | |
| Practice stamp | |
| Health professional signature | Date: |

If requesting **fine motor disorder provisions**, complete the following. Additional page/s may be attached if there is insufficient space in the template. Note: for long term conditions seeking low levels of support (special equipment, rest breaks), the information should be no more than 12 months old at the time of application. For short term or variable conditions, or long term conditions seeking high levels of support (extra working time, scribe or computer) the information must be no more than 6 months old at the time of application.

If making early application for equitable access adjustments, updated information may be required in the year of the ATAR course examinations.

| Fine motor disorder details | |
|--|-------|
| Diagnosis | |
| Date of diagnosis | |
| Date of occurrence/onset | |
| Date the student was most recently seen for this condition | |
| Brief history of the disability/condition. | |
| | |
| Is the student currently receiving treatment? Give details. | |
| | |
| Comment on the probable effect of this disability/condition that will prevent the student's access to a timed assessment under standard conditions. If the student has been prescribed physical forms of support, it should be assumed these will be used. | |
| | |
| Comment on how the disability/condition would affect this student's daily functioning in the classroom. | |
| | |
| Recommended adjustments to allow the student to access the examinations. Include special items of equipment or furniture. Refer to Policy for suitable adjustments. | |
| | |
| Signature | Date: |

Supporting handwriting information – to be provided by an Occupational Therapist

If applying for **extra working time**, **scribe** or **computer** on the basis of a physical disability or a fine motor disability, an occupational therapist's report must be provided. Standardised assessments must be within six months of application.

Handwriting ability assessments

Results must be provided for any student seeking adjustments for examinations with extended responses.

| Detailed Assessment of Speed of Handwriting (DASH) | |
|--|--|
| Copy best wpm | |
| Copy fast wpm | |
| Alphabet writing wpm | |
| Free writing wpm | |
| Total Standard Score | |
| Percentile | |

Typing speed

Essential for any student requesting use of a computer.

| | |
|----------------------------------|--|
| Copying wpm | |
| Copying typing accuracy (%) | |
| Free writing typed wpm | |
| Free writing typing accuracy (%) | |

For those students **unable** to complete the DASH due to physical impairment, HST results may be provided.

| Handwriting Speed Test (Wallen, Bonney and Lennox, 1996) | |
|--|--|
| Letters per minute | |
| Scaled Score Equivalent | |
| Percentile Rank | |
| Words per minute | |
| Copying accuracy (%) | |
| Handwriting Readability Score (%) | |



Health Impairments Evidence Template

To be completed by the student's registered health professional working within their area of specialisation, who is managing the condition. [Refer to the coversheet before completing.](#)

| Student details | |
|---|-------|
| Student name | |
| WA student number | |
| I give permission for my health professional to provide additional information concerning this application to the School Curriculum and Standards Authority, if required. | |
| Student signature _____ | Date: |
| Parent/carer signature (optional) | Date: |

| Health professional details | |
|--|-------|
| Name | |
| Profession | |
| Phone | |
| Specialty/qualifications (if applicable) | |
| Place of work | |
| Registration number | |
| Practice stamp | |
| Health professional signature | Date: |

If requesting health impairment provisions, complete the following. Additional page/s may be attached if there is insufficient space in the template. Note: for long term conditions, the information must be no more than 12 months old at the time of application. For short term or variable conditions, the information should be no more than 6 months old at the time of application.

If making early application for equitable access adjustments, updated information will be required in the year of the ATAR course examinations.

| Health impairment details | | |
|---|--|-------|
| Diagnosis | | |
| Date of diagnosis | | |
| Date of occurrence/onset | | |
| Date the student was most recently seen for this condition | | |
| Brief history of the illness/condition. | | |
| | | |
| Is the student currently receiving treatment? Give details, including any medications. | | |
| | | |
| Comment on the probable effect of this disability/condition that will prevent the student's access to a timed assessment under standard conditions. If the student has been prescribed medication or other forms of support, it should be assumed these will be used. | | |
| | | |
| Comment on how the disability/condition would affect this student's daily functioning in the classroom. | | |
| | | |
| Recommended adjustments to allow the student to access the examinations. Include medication or special equipment. Refer to Policy for suitable adjustments. | | |
| | | |
| Signature | | Date: |



Hearing Loss Evidence Template

To be completed by the student's registered health professional working within their area of specialisation, who is managing the condition. **Refer to the coversheet before completing.**

| Student details | | |
|---|--|-------|
| Student name | | |
| WA student number | | |
| Is the student supported through the SEN: S or equivalent agency (specify)? | | |
| I give permission for my health professional to provide additional information concerning this application to the School Curriculum and Standards Authority, if required. | | |
| Student signature | | Date: |
| Parent/carer signature (optional) | | Date: |

| Health professional details | | |
|--|--|-------|
| Name | | |
| Profession | | |
| Phone | | |
| Specialty/qualifications (if applicable) | | |
| Place of work | | |
| Registration number | | |
| Practice stamp | | |
| Health professional signature | | Date: |

If requesting hearing provisions, complete the following. Note: the audiogram should be no more than 12 months old at the time of application. Include the unaided audiogram and report. If a child has a diagnosis of permanent hearing loss, a recent audiogram and report is **not** required. Supply one indicating the level of permanent hearing loss. Additional page/s may be attached if there is insufficient space in the template.

If making early application for equitable access adjustments, updated information may be required in the year of the ATAR course examinations, unless the level of hearing loss is permanent.

| Hearing loss details | |
|---|-------|
| Diagnosis | |
| Date of diagnosis | |
| Date of occurrence/onset | |
| Date the student was most recently seen for this condition | |
| Brief history of the hearing loss. | |
| | |
| Is the student currently receiving treatment? Give details. | |
| | |
| Comment on the probable effect of the hearing loss that will prevent the student's access to a timed assessment under standard conditions. If the student has been provided with hearing aids or other electronic support, it should be assumed these will be used. | |
| | |
| Comment on how the hearing loss would affect this student's daily functioning in the classroom. | |
| | |
| Recommended adjustments to allow the student to access the examinations. Include special equipment. Refer to Policy for suitable adjustments. | |
| | |
| Signature | Date: |



Physical Disability Evidence Template

To be completed by the student's registered health professional working within their area of specialisation, who is managing the condition. [Refer to the coversheet before completing.](#)

| Student details | |
|---|-------|
| Student name | |
| WA student number | |
| I give permission for my health professional to provide additional information concerning this application to the School Curriculum and Standards Authority, if required. | |
| Student signature _____ | Date: |
| Parent/carer signature (optional) | Date: |

| Health professional details | |
|--|-------|
| Name | |
| Profession | |
| Phone | |
| Specialty/qualifications (if applicable) | |
| Place of work | |
| Registration number | |
| Practice stamp | |
| Health professional signature | Date: |

If requesting physical disability provisions, complete the following. Additional page/s may be attached if there is insufficient space in the template. Note: for long term conditions, the information must be no more than 12 months old at the time of application. For short term or variable conditions, the information should be no more than 6 months old at the time of application.

If making early application for equitable access adjustments, updated information may be required in the year of the ATAR course examinations.

| Physical disability details | |
|--|-------|
| Diagnosis | |
| Date of diagnosis | |
| Date of occurrence/onset | |
| Date the student was most recently seen for this condition | |
| Brief history of the disability/condition. | |
| | |
| Is the student currently receiving treatment? Give details. | |
| | |
| Comment on the probable effect of this disability/condition that will prevent the student's access to a timed assessment under standard conditions. If the student has been provided with physical aids or other support, it should be assumed these will be used. | |
| | |
| Comment on how the disability/condition would affect this student's daily functioning in the classroom. | |
| | |
| Recommended adjustments to allow the student to access the examinations. Include special equipment or furniture. Refer to Policy for suitable adjustments. | |
| | |
| Signature | Date: |

Supporting handwriting information – to be provided by an Occupational Therapist

If applying for **extra working time**, **scribe** or **computer** on the basis of a physical disability or a fine motor disability, an occupational therapist's report must be provided. Standardised assessments must be within six months of application.

Handwriting ability assessments

Results must be provided for any student seeking adjustments for examinations with extended responses.

| Detailed Assessment of Speed of Handwriting (DASH) | |
|--|--|
| Copy best wpm | |
| Copy fast wpm | |
| Alphabet writing wpm | |
| Free writing wpm | |
| Total Standard Score | |
| Percentile | |

Typing speed

Essential for any student requesting use of a computer.

| | |
|----------------------------------|--|
| Copying wpm | |
| Copying typing accuracy (%) | |
| Free writing typed wpm | |
| Free writing typing accuracy (%) | |

For those students **unable** to complete the DASH due to physical impairment, HST results may be provided.

| Handwriting Speed Test (Wallen, Bonney and Lennox, 1996) | |
|--|--|
| Letters per minute | |
| Scaled Score Equivalent | |
| Percentile Rank | |
| Words per minute | |
| Copying accuracy (%) | |
| Handwriting Readability Score (%) | |



Psychological or Mental Health Evidence Template

To be completed by the student's registered health professional working within their area of specialisation, who is managing the condition. [Refer to the coversheet before completing.](#)

| Student details | |
|---|-------------|
| Student name | |
| WA student number | |
| I give permission for my health professional to provide additional information concerning this application to the School Curriculum and Standards Authority, if required. | |
| Student signature _____ | Date: _____ |
| Parent/carer signature (optional) | Date: _____ |

| Health professional details | |
|--|-------------|
| Name | |
| Profession | |
| Phone | |
| Specialty/qualifications (if applicable) | |
| Place of work | |
| Registration number | |
| Practice stamp | |
| Health professional signature | Date: _____ |

If requesting psychological or mental health provisions, complete the following. Additional page/s may be attached if there is insufficient space in the template. Note: the information should be no more than 6 months old at the time of application. Childhood diagnoses of Autism Spectrum Disorder (ASD) may be provided, but will require current functional impact information from an appropriate allied health professional.

If making early application for equitable access adjustments, updated information will be required in the year of the ATAR course examinations.

| Psychological or mental health details | |
|--|-------|
| Diagnosis | |
| Date of diagnosis | |
| Date of occurrence/onset | |
| Date the student was most recently seen for this condition | |
| Brief history of the disability/condition. | |
| | |
| Is the student currently receiving treatment? Give details, including any therapy being conducted. | |
| | |
| Comment on the probable effect of this disability/condition that will prevent the student's access to a timed assessment under standard conditions. If the student has been prescribed medication or therapies, it should be assumed these will be used. | |
| | |
| Comment on how the disability/condition would affect this student's daily functioning in the classroom. | |
| | |
| Recommended adjustments to allow the student to access the examinations. Refer to Policy for suitable adjustments. | |
| | |
| Signature | Date: |



Vision Impairment Evidence Template

To be completed by the student's **Ophthalmologist or Optometrist**, who is managing the condition. **Refer to the coversheet before completing.** Note: If a child has a diagnosis of permanent and total blindness, a recent Ophthalmologist or Optometrist report is **not** required.

| Student details | | |
|---|--|-------|
| Student name | | |
| WA student number | | |
| Is the student supported through the SSEN: S or equivalent agency (specify)? | | |
| I give permission for my health professional to provide additional information concerning this application to the School Curriculum and Standards Authority, if required. | | |
| Student signature | | Date: |
| Parent/carer signature (optional) | | Date: |

| Health professional details | | |
|--|--|-------|
| Name | | |
| Profession | | |
| Phone | | |
| Specialty/qualifications (if applicable) | | |
| Place of work | | |
| Registration number | | |
| Practice stamp | | |
| Health professional signature | | Date: |

If requesting vision provisions, complete the following. Information should be no more than 12 months old at the time of application. Additional page/s may be attached if there is insufficient space in the template.

If making early application for special examination arrangements, updated information may be required in the year of the ATAR course examinations.

| Vision impairment details | | |
|--|----------------|--------------|
| Diagnosis | | |
| Date of diagnosis | | |
| Date of occurrence/onset | | |
| Date the student was most recently seen for this condition | | |
| V.A. (near) | V.A.(distance) | Visual Field |
| Brief history of the disability/condition. | | |
| | | |
| Is the student currently receiving treatment? Give details. | | |
| | | |
| Comment on the probable effect of this disability/condition that will prevent the student's access to a timed assessment under standard conditions. If the student has been prescribed glasses or provided with other forms of vision aids, it should be assumed these will be used. | | |
| | | |
| Comment on how the disability/condition would affect this student's daily functioning in the classroom. | | |
| | | |
| Recommended adjustments to allow the student to access the examinations. Include special equipment. Refer to Policy for suitable adjustments. | | |
| | | |
| Signature | | Date: |