

# In2assessments

## Application for access arrangements.

Arrangements for End Point Assessment for apprentices with learning difficulties, disabilities, or additional needs by means of requested access arrangements or reasonable adjustments using the form below.

Apprentice name:	
Date of Birth:	
Apprentice Standards & Level:	
Anticipated EPA Start date:	
Employer name, location, and employer email address:	
Training Provider:	
Training Provider Contact:	

Has the apprentice previously been granted access arrangements or reasonable adjustments by an awarding organisation: Yes/No if yes please give details including dates and access arrangements:

Information regarding the apprentice's needs for access arrangements and Reasonable adjustments:

Apprentice history of difficulties:

Current difficulties in formal assessments, tests, or examination:

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Normal ways of working (detail support and adjustment that are in place at work and for off the job learning)
Does the apprentice require a computer reader/reader in addition to extra time? Yes/No (if yes, give details for the need for the computer reader/reader)
Other relevant information:
Evidence for Extra time*
Reading Speed (where and apprentice uses a computer or reading pen, a reading speed cannot be used).
Writing Speed (where the apprentice uses a scribe speech recognition technology or word processor, a measure of writing speed cannot be used)
Cognitive Processing / Fluency measure
Evidence for a Scribe*
Spelling; is the apprentices spelling accuracy below average range?
Writing. <ul style="list-style-type: none"><li>• The apprentices writing grammatically incomprehensible to someone unfamiliar with it.</li><li>• The apprentices handwriting renders their written work illegible to someone not familiar to it.</li><li>• The apprentice's writing speed is below average range.</li></ul>
Diagnosis supplied by: For example: Medical Practitioner, Educational/Occupational/Clinical-Psychologist Therapist Date of diagnosis: Name and organisation of person supplying the diagnosis:

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To be completed by SENCo, ALS or tutor/trainer working within the training provider, after initial assessments have been completed.

Please tick relevant boxes		Comment
	<p>Access arrangements application will be applied for:</p> <p><input type="checkbox"/> 25% extra time</p> <ul style="list-style-type: none"> <li>• Scribe/speech recognition technology/word processor with spellcheck, grammar and or predictive text enabled.</li> <li>• 26% to 50 extra time</li> <li>• Language modifier</li> <li>• Computer reader/reader (alongside 25% extra time and or scribe)</li> </ul>	
<input type="checkbox"/>	Apprentice is recording disability for information only and does not require particular access arrangements or other reasonable adjustments.	
<input type="checkbox"/>	<p>Wheelchair access and table/desk risers or other special access requirements.</p> <p>Please specify requirements:</p>	
<input type="checkbox"/>	<p>Printed materials in accessible format.</p> <p>Please specify preferred format:</p>	
<input type="checkbox"/>	Use of coloured overlay and coloured ruler (to be provided by the apprentice as appropriate for their diagnosis).	
<input type="checkbox"/>	<p>Use of specialist software in the relevant EPA element (as provided by the employer)</p> <p>Please specify:</p>	
<input type="checkbox"/>	<p>Other access arrangements or reasonable adjustments.</p> <p>Please specify:</p>	

*\*Please note that: Evidence supplied to support the application for access arrangements/reasonable adjustments will be reviewed, notification will be confirmed within In2assessments IT system and relevant independent assessors, invigilators and*

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quality assurers will be informed. Where a request cannot be made a discussion will be held with the training provider, apprentice, and employer.

## Declaration

I am satisfied that the information provided is accurate and I have submitted evidence that supports the request.

I fully support the application and confirm that the apprentice will be appropriately entered for the end point assessment and will be able to demonstrate the assessment objectives required.

Declaration completed by: (job title/role)		
Name:		
Signature:		
Date:		

In2assessment Review - Internal use only:	
Reasonable Adjustment applied	YES/NO
Talus Updated	YES/NO
IEPA & IQA informed	YES/NO
Apprentice: (Employer, Training Provider informed if applicable)	YES/NO

## Guidance

### Access Arrangements/Reasonable Adjustments:

Examples should be made in regarding

- history of difficulties
- Development of literacy skills
- Results of screening
- Intervention strategies/learning plans in place for the apprentice.
- Arrangements for functional skills exams etc.

### Different cognitive processing/fluency assessment include:

- Short-term/working verbal memory
- Short-term/working visual memory
- Phonological awareness
- Phonological memory
- Visual processing speed
- Visual/motor processing
- Other measures word reading, fluency/sight, word efficiency etc.

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