



Gifted and Talented programs

Request for Adjusted Testing Conditions and/or ASET Exemption

This form is for families with children who have a disability, chronic illness or impairment who wish to apply for Adjusted Testing Conditions and/or an Academic Selective Entrance Test (ASET) Exemption within the Gifted and Talented selection processes.

ASET Exemptions are limited to children who are **only** applying for arts programs. Families who apply for an ASET Exemption are also able to apply for Adjusted Testing Conditions within the arts workshops/auditions if required.

SECTION A: All applicants complete this section

First name/s		Surname	
Current school		Current school year	

I would like to request the following support for my child: (please ✓ all relevant)

<input type="checkbox"/>	Adjusted Testing Conditions for the ASET
<input type="checkbox"/>	Adjusted Testing Conditions for arts auditions/workshops. Tick program/s below <input type="checkbox"/> Media Arts <input type="checkbox"/> Visual Arts <input type="checkbox"/> Drama
<input type="checkbox"/>	ASET Exemption (for children only applying for arts programs)

Nature of your child's diagnosis/es

✓ all applicable	Category	Give specific diagnosis below
	Autism	Level of severity:
	Psychological (e.g. OCD, psychiatric conditions)	
	Specific learning disorder (e.g. dyslexia, dyscalculia)	
	Fine motor disability (e.g. motor dysgraphia, Ehlers Danlos, DCD)	
	Physical disability (e.g. cerebral palsy, muscular dystrophy)	
	Chronic illness (e.g. diabetes, chronic fatigue syndrome)	
	ADD / ADHD	
	Vision or hearing impairment	
	Other (including temporary injury)	

SECTION B

Complete this section if:

- you are applying for Adjusted Conditions in the ASET, **and/or**
- you are applying for Adjusted Conditions in the arts auditions/workshops

Move to SECTION D if:

- you are **only** applying for an ASET exemption

Before completing this section, refer to [Possible Adjustments for the ASET](#). This information will help you understand the adjusted conditions which can be approved for each category.

Indicate (✓) below which adjustments you are requesting.

	Testing in a smaller, quieter centre		Scribe for all tests (for extreme and complex conditions only)
	Rest breaks (non-working time)		Scribe for writing tests
	Use of BYO device for writing tests		Extra working time
	Permission to mark answers directly on test booklet		Noise cancelling headphones
	Permission to take medication into the test room		Use of a C-Pen exam reader or similar
	Diabetic provisions (food/drink, non-working rest time, continuous glucose monitoring (CGM), parent onsite)		One-on-one testing (for extreme and complex conditions only)
	Visual/magnification aids (not including glasses / contacts)	Please specify:	
	Permission to bring in comfort items (e.g. sensory toy)	Please specify:	
	Enlarged or modified test paper and/or answer sheet	Please specify:	
	Non-standard furniture and/or equipment (e.g. cushion)	Please specify:	
	Permission to choose own seat (specified seating)	Please specify:	
	Other adjustments	Please specify:	

Is there anything else we need to know about your child? Please advise of any behaviours that supervisors may need to be aware of that may occur during testing. Include any behaviour management strategies that may be able to assist in the event your child becomes distressed. If insufficient space, please attach in further detail to this application.

Give this sheet to your child's classroom teacher to complete and return to you

SECTION C

Have your child's **regular classroom teacher** complete this section if:

- you are applying for Adjusted Conditions in the ASET, **and/or**
- you are applying for Adjusted Conditions in the arts auditions/workshops

Move to SECTION D if:

- you are **only** applying for an ASET exemption

Teacher Name		School Name	
Phone (work)		Email (work)	
Is the applicant on an Independent Education Plan (IEP) or similar? <i>(circle)</i>			Yes No
<p>Will the applicant be accommodated with any adjusted conditions for class work or school-based tests in your class this year?</p> <p><i>If 'Yes' please specify type of adjustment and the context/s within which it is used. If more space is required, please attach as a separate document.</i></p>			
<p>Is there any other information that you believe is relevant to supporting this child in an exam situation?</p> <p><i>If 'Yes' please specify. If more space is required, please attach as a separate document.</i></p>			
Teacher Signature		Date	

Teachers return this sheet to the child's parent/carer

SECTION D

All applicants complete this section

The below states the supporting evidence required for the different categories of disability, illness and/or impairment. Please ✓ where you have attached the required documentation to this application. The below evidence is mandatory for consideration for Adjusted Testing Conditions and ASET Exemptions.

	Psychological	Specialist medical report
	Specific Learning Disorder	Specialist psychologist report
	Physical or fine-motor disability	Specialist medical report and/or Occupational Therapist report
	Chronic illness	Current medical report
	ADD / ADHD	Specialist medical report
	Vision impairment	Specialist medical report
	Hearing loss	Specialist medical report
	Temporary injury	Current medical report
	Other	Current specialist medical report from appropriate medical professional

DECLARATION

I declare the above information to be true and correct and that I have attached the relevant supporting documentation. I understand that GTSU may contact my child's school to verify the information supplied.

I understand that requests for Adjusted Testing Conditions and/or ASET Exemptions are supplementary and cannot be considered in lieu of the formal online application process for Gifted and Talented programs, and that submitted requests not connected to an existing online application cannot be considered.

I acknowledge that each application will be considered in the context of current policy and independent of any support provided in previous years. Adjusted Conditions decisions will be based on the nature of the assessment for which they are requested, the diagnosed condition and the supporting evidence, in the context of the [Applicant Guidelines](#).

Name		Signature	
------	--	-----------	--

Email all completed Sections (A, B, C and D) with signature and the required supporting evidence to gtsu@education.wa.edu.au no later than 4pm Monday 17 February 2025