Gifted and Talented programs

Adjusted Testing Conditions and ASET Exemptions Request

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.

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| I would like to request the following support for my child (please ✓ or indicate ‘yes’) | |
| Adjusted Testing Conditions for the ASET |  |
| Adjusted Testing Conditions for the arts auditions/workshops |  |
| ASET Exemption (for children only applying for arts programs) |  |

# Essential Requirements

To apply for Adjusted Testing Conditions and/or an ASET Exemption, the following information must be completed in full by the required persons and supported by evidence.

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| SECTION A: Your child’s details – to be completed by parent | | |
| First name |  | |
| Surname |  | |
| Current school year |  | |
| What is the nature of your child’s diagnosis/es?  Please ✓ or indicate ‘yes’ for each category that applies below and note the specific diagnosis | | |
| Psychological (e.g. autism, OCD, psychiatric conditions)  Details: | |  |
| Specific learning disorder (e.g. dyslexia, dyscalculia)  Details: | |  |
| Fine motor disability (e.g. motor dysgraphia, Elhers Danlos, DCD)  Details: | |  |
| Physical disability (e.g. cerebral palsy, muscular dystrophy)  Details: | |  |
| Chronic illness (e.g. diabetes, chronic fatigue syndrome)  Details: | |  |
| ADD/ADHD  Details: | |  |
| Vision or hearing Impairment (including colour blindness)  Details: | |  |
| Other  Details: | |  |

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| SECTION B: Adjusted Conditions Requested – to be completed by parent  If you are only applying for an ASET Exemption, you can move ahead to SECTION D.  Before completing this section, you must refer to [*Possible Adjustments for the Gifted and Talented Academic Selective Entrance Test*](https://www.education.wa.edu.au/en/adjusted-conditions-and-exemptions) which are listed on the website and form part of the [*Applicant Guidelines*](https://www.education.wa.edu.au/dl/eqg44dm)*.* This information will help you understand the adjusted conditions which can be approved for the different categories of disability, chronic illness and/or impairment.  Please ✓ or indicate ‘yes’ next to the requested adjustments below. | |
| Testing in a smaller, quieter centre with increased ratio supervision |  |
| One-on-one testing (limited to extreme and complex conditions only) |  |
| Extra working time |  |
| Rest breaks (non-working time) |  |
| Use of BYO laptop/device for writing tests |  |
| Scribe for writing tests |  |
| Scribe for all tests (limited to extreme and complex conditions only) |  |
| Diabetic provisions (food/drink, up to 5 minutes non-working rest time for testing/intervention in the first three tests, continuous glucose monitoring (CGM), permission for a monitoring parent to remain onsite) |  |
| Permission to take medication into the test room |  |
| Permission to choose own seat (specified seating)  Please specify: |  |
| Use of a C-Pen exam reader or similar |  |
| Non-standard furniture and/or equipment (e.g. cushion, highlighter)  Please specify: |  |
| Enlarged or modified test paper and/or answer sheet  Please specify: |  |
| Permission to bring in comfort items (e.g. sensory toy)  Please specify: |  |
| Permission to mark answers directly on test booklet. |  |
| Noise cancelling headphones |  |
| Visual/magnification aids (not including glasses, contact lenses)  Please specify: |  |
| Other adjustments not listed above  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. | |

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| SECTION C: School Information – to be completed by your child’s classroom teacher  If you are applying for Adjusted Testing Conditions, this section is compulsory.  If you are applying only for an ASET Exemption, you can move ahead to SECTION D. | |
| School Name |  |
| Teacher name |  |
| Work contact phone number |  |
| Work contact email address |  |
| Is the applicant on an Independent Education Plan (IEP) or similar? |  |
| Will the applicant be accommodated with any adjusted conditions for class work or school-based tests in your class this year?  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. |  |
| Is there any other information that you believe is relevant to supporting this child in an exam situation?  If ‘Yes’ please specify. If more space is required, please attach as a separate document. |  |
| Teacher Signature: Date: | |

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| SECTION D: Supporting evidence – to be completed by parent  The below represents the supporting evidence required for the different categories of disability, illness and/or impairment. Please ✓ or indicate ‘yes’ 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 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*](https://www.education.wa.edu.au/dl/eqg44dm)*.*

Name………………………………………………Signature……………………………............

Email completed and signed forms with the required supporting evidence to: [gtsu@education.wa.edu.au](mailto:gtsu@education.wa.edu.au) no later than 12pm Monday, 19 February 2024.