



STUDENT SUPPORT · ACCESS AND EQUITY

Reasonable Adjustment Form

Request a reasonable adjustment and record the agreed Reasonable Adjustment Plan

ABOUT THIS FORM

- **Use this form** to ask for changes to how you learn or are assessed because of a disability, injury, medical or mental health condition, learning difficulty, LLND need or other circumstance. You can ask at enrolment or at any time during your course.
- **Telling us is voluntary and confidential.** We share your information only with staff who need it to support you, with your consent. Supporting documents help us plan the right adjustment, but they are not always required.
- **Send the completed form to studentsupport@iois.edu.au.** We will contact you within **5 working days** to discuss your needs, then agree a Reasonable Adjustment Plan with you (section 6). If a request is not reasonable, we will discuss alternatives, give you our reasons in writing, and explain how to appeal.
- **Adjustments change how you learn or show your skills, not the standard.** They never lower the competency standard or change the evidence required to pass a unit.

01 STUDENT DETAILS

FULL NAME	STUDENT ID
EMAIL ADDRESS	PHONE NUMBER
COURSE CODE AND TITLE	TRAINER AND ASSESSOR

02 YOUR NEEDS

REASON FOR YOUR REQUEST (TICK ALL THAT APPLY)

- | | |
|--|--|
| ☐ Physical disability or injury | ☐ Medical condition or illness |
| ☐ Learning difficulty (e.g. dyslexia, ADHD) | ☐ Mental health condition |
| ☐ Hearing or vision impairment | ☐ Language, literacy, numeracy or digital (LLND) need |
| ☐ Temporary condition (e.g. surgery, pregnancy) | ☐ Other |

IS YOUR NEED

- ☐
- Ongoing
- ☐
- Temporary

IF TEMPORARY, EXPECTED UNTIL

HOW DOES IT AFFECT YOUR STUDY? (FOR EXAMPLE, LIVE SESSIONS, READING, WRITING, USING MOODLE, OR ASSESSMENTS)

03 ADJUSTMENTS YOU ARE REQUESTING

LEARNING AND TRAINING

- | | |
|--|---|
| ☐ Accessible or modified learning materials | ☐ Extra tutorial or support sessions |
| ☐ Assistive technology or software | ☐ Extended time for learning activities |
| ☐ Flexible scheduling of live sessions | ☐ Captions or transcripts for recordings |
| ☐ Other | |



ASSESSMENT

- | | |
|---|--|
| ☐ Extra time for assessment tasks | ☐ Oral instead of written responses |
| ☐ Use of assistive technology | ☐ Breaks during live or observed assessments |
| ☐ Alternative format (e.g. verbal questioning) | ☐ Flexible scheduling of observed assessments |
| ☐ Other | |

PLEASE DESCRIBE THE ADJUSTMENTS YOU NEED, INCLUDING ANY "OTHER" ITEMS

04 SUPPORTING DOCUMENTS

DOCUMENTS ATTACHED (OPTIONAL - TICK ALL THAT APPLY)

- | | | |
|--|--|--|
| ☐ Medical certificate | ☐ Psychologist or educational assessment report | ☐ Letter from a specialist or support service |
| ☐ Other | ☐ None attached | |

05 CONSENT AND DECLARATION

I declare that the information on this form is true and correct. I consent to IOIS sharing information about my needs and agreed adjustments only with the staff who need it to support me, such as my trainer and assessor, the Student Support Officer and the RTO Manager.

STUDENT SIGNATURE		DATE	
PARENT OR GUARDIAN NAME (IF UNDER 18)	SIGNATURE	DATE	

Privacy notice. IOIS uses the information on this form, including any health information, only to plan and provide reasonable adjustments and support. It is kept securely in your student file, shared only with your consent, and handled under the IOIS Privacy Policy, the Privacy Act 1988 (Cth) and the Disability Discrimination Act 1992 (Cth).

**06 REASONABLE ADJUSTMENT PLAN - COMPLETED WITH THE STUDENT**

DATE REQUEST RECEIVED		DISCUSSION DATE		DISCUSSED WITH (STAFF NAME)	
OUTCOME ☐ Adjustments agreed as requested ☐ Adjustments agreed with changes ☐ Request not reasonable – alternatives discussed, and written reasons and appeal information given					
	AGREED ADJUSTMENT	UNITS OR ASSESSMENTS	RESPONSIBLE	START DATE	
1					
2					
3					
4					
STUDENT RESPONSIBILITIES (FOR EXAMPLE, TELLING THE TRAINER IF THE ADJUSTMENT IS NOT WORKING)					
ASSESSOR: COMPETENCY STANDARD AND EVIDENCE UNCHANGED			REVIEW FREQUENCY AND FIRST REVIEW DATE		
☐ Confirmed					
STUDENT		SIGNATURE		DATE	
TRAINER AND ASSESSOR OR STUDENT SUPPORT OFFICER		SIGNATURE		DATE	
RTO MANAGER (COMPLEX ADJUSTMENTS)		SIGNATURE		DATE	

REVIEWS AND OFFICE USE

	REVIEW DATE	ARE THE ADJUSTMENTS WORKING? ANY CHANGES	INITIALS
1			
2			
3			
ACTION			DONE
Copy of the plan given to the student			☐ Yes ☐ No
Trainer(s) and assessor(s) told of the agreed adjustments			☐ Yes ☐ No
Plan saved to the student file and noted in the student management system			☐ Yes ☐ No