



REASONABLE ADJUSTMENT FORM

ABOUT THIS FORM

This form is to be completed by students who require reasonable adjustments to participate fully in training and assessment activities at IOIS.

STUDENT DETAILS

NAME	
STUDENT ID	
COURSE CODE & TITLE	
EMAIL	

REASON FOR REQUEST	
<input type="checkbox"/> Physical disability or injury	<input type="checkbox"/> Medical condition or illness
<input type="checkbox"/> Learning difficulty (e.g., dyslexia, ADHD)	<input type="checkbox"/> Mental health condition
<input type="checkbox"/> Language, literacy, numeracy, or digital (LLND) support need	<input type="checkbox"/> Temporary condition (e.g., surgery, pregnancy)
<input type="checkbox"/> Other (please specify): Please specify below	
<i>Please describe your circumstances and how they affect your ability to participate in training or assessment</i>	
TYPE OF ADJUSTMENT REQUESTED	
Training Adjustment	



<input type="checkbox"/> Modified learning materials	<input type="checkbox"/> Additional tutorial or support sessions	<input type="checkbox"/> Assistive technology or adaptive equipment
<input type="checkbox"/> Extended time for coursework or participation		<input type="checkbox"/> Other: Please specify it below
Assessment Adjustment		
<input type="checkbox"/> Extra time for assessment tasks	<input type="checkbox"/> Oral instead of written assessment	
<input type="checkbox"/> Use of computer or assistive device	<input type="checkbox"/> Separate/quiet assessment environment	
<input type="checkbox"/> Alternative assessment format (e.g., verbal questioning)	<input type="checkbox"/> Other: Please specify it below	

SUPPORTING DOCUMENTATION

<input type="checkbox"/> Medical certificate	<input type="checkbox"/> Psychologist/educational assessment report
<input type="checkbox"/> Other supporting documentation	<input type="checkbox"/> Other supporting documentation

DECLARATION

I declare that the information provided by me to the best of my knowledge is accurate and truthful and can be used to investigate the complaint or appeal.

SIGNATURE	
DATE	



OFFICE USE ONLY

DECISION OUTCOME	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
COMMENTS		
NAME OF STAFF		
SIGNATURE		
DATE		