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*SQA Advanced Diploma, SQA Centre – Ras Al Khaimah*

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## **ASSESSMENT ARRANGEMENTS POLICY AND PROCEDURE**

### **POLICY**

The centre is committed to providing high quality education and training to students who are broadly classified as people of determination. The centre is committed to helping candidates be successful and will provide all candidates with the support necessary to achieve this goal.

This policy applies to all centre staffs and candidates

This section provides the information for all Assessors & IVs on assessment arrangements and the procedure to follow to verify those arrangements for students who have a disability and/or an identified additional support need.

### **PROCEDURE**

1. The following process is suggested to be followed for requests for additional benefits for students of high determination for assessment arrangement
  - Students need to request in the form of a letter for availing higher benefits.
  - The letter should be duly signed by the student and the parent.
  - The letter should be accompanied by a medical certificate from a registered doctor.
  - In case of the student suffering from disability from childhood or from any period during schooling, a letter certifying that the student was treated as a special need during school also needs to be furnished from the school authorities.
  - In a particular case of a student encountering disability during the course of advanced diploma at our campus, medical certificate from a registered doctor would suffice.
  
2. Identifying the student's assessment need
  - A committee to evaluate on a case to case basis would be set up at the start of the center which would comprise of the SQA co-ordinator, Controller of Examinations and Program Directors of the program where the student has enrolled into.
  - The committee could render the following once the request of the student is made and subsequent approval of the committee (Decision would be made on a case to case basis depending on the extent and the severity of the disability).

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3. Determine the most appropriate assessment arrangement
  - An extra allowance of 30 minutes of time for all written examinations.
  - In case of a disability where the student is unable to write, a scribe could be allotted by the committee for the written examination. The scribe needs to be mandatorily younger in age than the student and not of a technical background, care to be ensured in appointing a scribe for the same. In such cases no extra time would be provided for the written examinations.
4. Based on the recommendations of the committee, the Head of Center/Director would endorse the recommendations or suggest alternative and most optimum solutions for the same. Upon approval from the Head of Center/Director, the SQA coordinator would take approval from SQA for the same.
5. Adequate care is taken at campus to ensure that students of determination have no hindrance of physical movement. To ensure this campus would take sufficient care to provide wheel chairs, ramps and assistance of any kind.
6. Documented evidence to support the provision of assessment arrangements
  - The centre must provide evidence of assessment arrangements internal verification meetings before submitting the request to the awarding body for an assessment arrangement for an external assessment.
  - Evidence of the students agreement to the provision of assessment arrangement
  - The centre must provide evidence of assessment arrangements supported by college senior management .

**INITIAL APPLICATION FORM WHICH REQUESTS DISCLOSURE ON ANY  
DISABILITY AND/OR ADDITIONAL SUPPORT NEEDS**

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**DECLARATION OF DISABILITY FORM (DDF)**

The SQA Centre- Ras Al Khaimah is committed to ensuring equal access to education for students with all types of documented disability, temporary or long-term, including but not limited to – visual, hearing, mobility, manual, chronic illnesses or learning disabilities. The University College does not discriminate on the basis of gender, religion, sexual orientation, race or disability in any of its educational programmes or activities. The institution offers a variety of support services to assist students in ensuring access and in meeting their educational goals. If you have a disability and require accommodation, please complete this form.

**The Centre can take no action on your behalf without your specific request.**

**Name** \_\_\_\_\_  
(First) (Middle) (Last)

**Address** \_\_\_\_\_  
\_\_\_\_\_

**E-mail** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Entry Term** \_\_\_\_\_ **Student ID number:** \_\_\_\_\_

**My disability can be categorized as (check as many as apply):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ADD/ADHD            | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Psychological      | <input type="checkbox"/> Visual Impairment   |
| <input type="checkbox"/> Other _____         |   |  |

As a result of the disabilities indicated, what accommodations, if any, have been made, or recommended in the past? What accommodations do you think you might need? Tick all that apply. List any others that are not indicated below. These ‘others’ will be assessed to determine whether or not they can be provided.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Peer note takers           | <input type="checkbox"/> Quiet/separate test setting | <input type="checkbox"/> Physical accessibility          |
| <input type="checkbox"/> Scribes/Readers for exams  | <input type="checkbox"/> Extended test times         | <input type="checkbox"/> Material in alternative formats |
| <input type="checkbox"/> Modified access to website | <input type="checkbox"/> Auxiliary aids and services | (audio, large print, Braille)                            |
| <input type="checkbox"/> Other _____                |  |  |

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Documentation of disability and its functional limitations determine the accommodations provided in the higher education setting. Please attach a copy of official documentation describing your disability.

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*The information provided in this declaration are, to the best of my knowledge, true and accurate. I understand that intentional falsification, exaggeration or other misrepresentation may jeopardise the approval of this application for accommodation.*

**Name and Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name and Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

