

F.19.12 SPECIAL CONSIDERATION FORM

STUDENT DETAILS

STUDENT NAME:
STUDENT ID:
COURSE NAME:

DETAILS OF CONSULATAION (Detailing the adjustment and how the adjustment will achieve its aim and whether there are any other reasonable adjustments that would be less disruptive and intrusive and no less beneficial for the student to address their need)	
TRAINER / ASSESSOR OR TRAINING CO-ORDINATOR NAME	
TRAINER / ASSESSOR OR TRAINING CO-ORDINATOR SIGNATURE	
DATE	
STUDENT NAME	
STUDENT SIGNATURE	
DATE	

OFFICE USE ONLY : FOR PLACEMENT ON THE STUDENT'S FILE

ADMIN STAFF NAME	
ADMIN STAFF SIGNATURE	
DATE	