

## Form C: Application Form for Candidates with Autism Spectrum Condition

### Please note

This application Form should be filled by the relevant professional and should be attached to Form A before submission.

Candidate's Details			
ID Number		Date of Birth	
Last Name		First Name	
Condition			
Did the candidate sit for any SEC exams previously?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please give details if previous examination access arrangements were granted by ADSC:			

Author of this report			
Last Name		First Name	
Qualifications		MPPB Reg. No.	
Are you a qualified psychologist?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a qualified literacy specialist?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered NO to the previous questions, please explain how you deem your qualification(s) to be appropriate for the certification required:			
I hereby declare that the contents of this report are accurate			
Date		Signature	

Examination Access Arrangements Requested		
Extra Time <input type="checkbox"/>	Room with fewer candidates <input type="checkbox"/>	Prompter <input type="checkbox"/>
To inform one-to-one oral examiners to put candidate at ease <input type="checkbox"/>		
Other, please specify:		

**ASC Assessment Scores**

Candidate's Cognitive Ability Profile (fill in where relevant)					
Year	BAS GCA	Verbal	Non Verbal	Spatial	
Year	WISC FSIQ	Verbal Comprehension	Perceptual Reasoning	Working Memory	Processing Speed

Please provide a summary of the outcome of the psycho-educational assessment and state the date when it was undertaken.


Please indicate the assessment instrument used from the list below.		Date: _____
Social Responsiveness Scale (SRS)	<input type="checkbox"/>	
The Childhood Autism Rating Scale (CARS)	<input type="checkbox"/>	
The Autism Diagnostic Observation Schedule (ADOS)	<input type="checkbox"/>	
The Diagnostic Interview for Social and Communication Disorders (DISCO)	<input type="checkbox"/>	
The Autism Diagnostic Interview – Revised (ADI – R)	<input type="checkbox"/>	
Other validated instruments (please specify)		

<b>Results of Assessments</b> Where possible, please provide a copy of the computer-generated results.