

Form E: Application Form for Candidates with DCD/Dyspraxia

Please note

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

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		Warrant No.	
Are you a qualified Occupational Therapist?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered NO to the previous question, 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"/>	Word processor <input type="checkbox"/>
Other, please specify:	



Motor Coordination: (Any recognised and Standardised Test for Motor Coordination e.g. MVMT, ABC, BOTMP, SIPT)	
Date of Administration	
Name of test	
Standard Score	

Visual-Motor Integration: (any recognised and Standardised Test for Visual-motor Integration e.g. Beery VMI-6, DVPT, etc.)	
Date of Administration	
	Standard Score
Visual Motor Integration	
Visual Perception	
Motor Coordination	

Handwriting: Detailed Assessment of Speed of Handwriting (DASH/DASH 17+)	
Date of Administration	
	Standard Score/Other
Total Test Score	
Copy Speed Difference	
% Illegibility	
Graphic Speed	

Handwriting Sample Included:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Handwriting Sample:	
Please specify if Handwriting sample was taken during Exam/School work/Homework task:	

Sensory Processing: Sensory Profile 2, Adult/ Adolescent Sensory profile (AASP)		
Date of Administration		
Quadrant	Raw Score	Interpretation
Sensation Seeking		
Sensation Avoiding		
Low Registration		
Sensory Sensitivity		

Other test/s Administered	
Date of Administration	
Name of test	
Standard score	

Other test/s Administered	
Date of Administration	
Name of test	
Standard score	

In the light of the above assessment results please give a summary of the functioning limitations the candidate is experiencing in the educational setting and their needs for exam access arrangements. Include any other information you consider relevant.