



APPLICATION FORM FOR SPECIAL EXAM CONCESSIONS

The ICB is committed to assisting students with disabilities or medical conditions and exam concessions allow such students equal access to educational opportunities and programs.

All documentation and information provided on this form will be kept confidential, however the information may be shared with appropriate personnel on a need-to-know basis in order to facilitate the review of documentation or implementation of special requests.

Last Name	First Name	Middle	Contact Telephone
ICB Student Reference Number			
Date of Application			

Home Address	Contact Email

Diagnosed Disabilities

Type	Specify:
Physical Disability	
Emotional Disability	
Psychological	
Hearing Impairment	
Visual Impairment	
Learning Disability	
Other	

Please describe your disability or condition.

How does your disability impact you academically?

Please describe special equipment, technology or auxiliary aids that you would use in an exam situation.

Please list the academic assistance required from the ICB for your exam.

☐ Place a tick in the box in acknowledgment that you have read and understand the ICB Special Needs Policy

Internal Use Only

Documentation Attached:		Received:
	Proof of Neuropsych evaluation for Learning Disability	
	Proof of Physical Disability, Sensory Impairment or Medical Condition	
	Proof of Psychological Disability	
	Other:	
	Approved:	
	Date Approved:	
	List what has been approved:	
	Written acceptance of what ICB is providing (confirmation e-mail)	