



KWAZULU-NATAL PROVINCE

EDUCATION
REPUBLIC OF SOUTH AFRICA

CONCESSION APPLICATION FORMS

DIRECTORATE ASSESSMENT



APPLICATION FOR ASSESSMENT ACCOMMODATION/CONCESSION WITHIN THE GET AND FET BAND

SECTION A: BIOGRAPHICAL INFORMATION

Name of learner: _____ Identity Number: _____ Age: _____

Name of School: _____ District: _____

SECTION B: SCHOLASTIC HISTORY

Year													
Grade	R	1	2	3	4	5	6	7	8	9	10	11	12
Result P-passed F-failed PRG-progressed													

Comment on any significant issues or efforts by the school during the years to support the learner.

SECTION C: DEVELOPMENTAL AND MEDICAL HISTORY *(attached relevant supporting reports-medical, school or specialist)*

- Describe the condition/ disability which causes a barrier to learning and assessment.

- When was it first reported or diagnosed? _____

- Is it a permanent condition or disability? YES ☐ NO ☐

- Did the school have to make any accommodations or grant any concession for assessments thus far. If yes, specify. If no, Indicate why not.

SECTION D: DETAILS OF BARRIER EXPERIENCED

- Does the condition/ disability affect the learner's ability to:

- **Write** quickly or legibly? If yes explain. Attach sample of work.

- **Read.** If yes, indicate current level of reading.

- **Spelt.** If yes, Indicate current level of performance. Attach sample of work.

- **Do Math.** If yes, Indicate current level of performance.

- **Concentrate** / Sit long enough to complete a task.

SECTION E:

Accommodation/Concession Requested (attach any reports from specialist supporting the request)

- Specify the nature and extent of the concession/accommodation which you would consider to be reasonable for this learner:

- Indicate what is available to the school or the learner to access the requested concession.

I, _____ the principal of _____ have established the following:
(Full Name of Principal) (Name of School)

- the learner's condition/disability/barrier is genuine and significantly affects performance of the learner
- without a concession/accommodation, the learner would be significantly disadvantaged in the examinations.

I am also aware that any granting of a concession/ accommodation is not permanent and is subject to review should there be changes in development and the identified barrier. Further any unjustified assessment concession/ accommodation will unfairly disadvantage other learners.

Principal's Signature

Date

School Stamp

School Contact Number



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DISTRICT ASSESSMENT CONCESSION COMMITTEE PROCESSING FORM

DISTRICT: _____ SCHOOL: _____

Name of Learner: _____ Age: _____ Grade: _____

A. Screening of application

Sift the applications to determine whether it is complete i.e., necessary forms, supporting documents, signatures accompany the application.

- ☐ Complete Application ☐ No/Inadequate supporting documents
☐ No signatures ☐ Incomplete information: _____
☐ Other _____

B. Assessment of application (reviewing of application form)

- ☐ State any medical, psychological, behavioral or developmental condition:

- ☐ Brief description of barrier experienced (obtained from supporting docs):

- ☐ Implication of barrier in respect of speaking, reading, writing, comprehension, and concentration:

- ☐ List concession/s applied for:

☐ Information supplied sufficient to grant the requested concession:

YES ☐

NO ☐

If NO indicate what further verification (only in cases where the information on the application form and supporting documents are insufficient for the committee to make a decision) is required by ticking the box/es below:

- ☐ Consultation with school
- ☐ Further assessment and/or observation of learner
- ☐ Consultation with consulting specialists or other relevant professionals/organizations
- ☐ Consultation with Provincial examinations
- ☐ Implications w.r.to curriculum & grade requirements
- ☐ Other: _____

Responsible Section in respect to above verification request: _____

Guideline for verification task:

1. Curriculum Section-Curriculum packages, LOLT, grade requirements:
2. Special and inclusive Education-Issues of disability, special schools applications
3. Psycho-social Service, Behavioral, emotional, social, psychological issues
4. Examinations and Assessment, Assessment administration guidelines, provisions for implementing concessions

Summary of findings and recommendations by verification official (attach report by verification section)

Committee Final Recommendation (Please state any amendments to the original school request and reasons for declining any concession requested):

The following concessions can be granted based on:

- assessment of application form and supporting documents from all relevant stakeholders
 - assessment of application form and supporting documents from all relevant stakeholders and a verification report
1. _____
 2. _____

Reason for decline: _____

Signature of Chairperson: _____

Date: _____

VERIFICATION REPORT

(To be completed by the official from the Directorate responsible for conducting the verification process)

DISTRICT: _____ **SCHOOL:** _____

Name of Learner: _____ **Age:** _____ **Grade:** _____

Section A and C to be completed by all verification officials

SECTION A

1. State the concession for which the application has been made? (refer to the application form)

2. Indicate the verification requested by the District Concessions Committee:

- ☐ consultation with school
- ☐ further assessment and/or observation of learner
- ☐ consultation with consulting specialists or other relevant professionals/organizations
- ☐ consultation with provincial examinations w.r.to exam administration issues
- ☐ implications w.r.to curriculum & grade requirements
- ☐ Other: _____

3. Indicate verification activities:

- ☐ School visit – this includes activities such as interview with educator and/or SMT; learner; observations
- ☐ Parent/guardian interview – face to face or telephonic
- ☐ Consultation with specialists or other relevant professionals
- ☐ Conduct informal assessments
- ☐ Conduct formal assessments
- ☐ Providing information on curriculum policy requirements and implications of concessions w.r.to grade requirements
- ☐ Providing information on implications of the concession for certification requirements and arranged with regards to exam administration

SECTION B

Verification Official to complete sections relevant to the verification request:

1. Verification of any medical/psychological or physical condition and related barriers experienced
By the learner:

SECTION C

1. Conclusion

2. Recommendation:

Signature of Official: _____

CONCESSION APPLICATION FORM.VP

Date: _____