

REQUEST FOR FRENCH LANGUAGE LITERACY ASSESSMENT ACCOMMODATIONS –
NOVEMBER, JANUARY, APRIL, JUNE



Ministry of
Education and
Child Care

Accommodations are provided to students who meet the criteria for designation as a student who is Deaf or Hard of Hearing as outlined in the *Inclusive Education Services: A Manual of Policy, Procedures and Guidelines*, or who require extra time to complete the oral component as indicated in their IEP and extra time is an accommodation normally provided in the classroom for assessments.

SESSION		November 2024	DUE DATE	September 27, 2024
SESSION		January 2025	DUE DATE	October 4, 2024
SESSION		April 2025	DUE DATE	January 10, 2025
SESSION		June 2025	DUE DATE	February 21, 2025
STUDENT'S LEGAL FIRST NAME		STUDENT'S LEGAL LAST NAME		STUDENT'S PERSONAL EDUCATION NUMBER (PEN)
8 DIGIT SCHOOL MINISTRY NUMBER		SCHOOL CONTACT NAME		SCHOOL CONTACT EMAIL
SCHOOL NAME				
SCHOOL MAILING ADDRESS (REQUIRED)				

Student's Inclusive Education Category designation is:

☐ Student receives services from a Teacher of the Deaf or Hard of Hearing (TDHH).

☐ Student receives extended time on classroom tests and assessments and the accommodation for extra time is outlined in their IEP.

TDHH/CASE MANAGER NAME:	TDHH/CASE MANAGER EMAIL:
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**** Complete a separate form for each session request ** (i.e. if student is writing Jan LTP10 and Apr LTP12, submit 2 forms)**

<input checked="" type="checkbox"/> NOVEMBER SESSION - INDICATE THE ASSESSMENT(S) REQUESTED Provide all necessary information [✓]	
<input type="checkbox"/> Closed captioning and transcriptions for students who are Deaf or Hard of Hearing	French assessments: <input type="checkbox"/> LTP12
<input type="checkbox"/> Extended time on oral component:	
<input type="checkbox"/> 1.5 times longer reflection time <input type="checkbox"/> 2 times longer reflection time <input type="checkbox"/> other reflection time <input type="checkbox"/> 1.5 times longer recording time <input type="checkbox"/> 2 times longer recording time <input type="checkbox"/> other recording time	
<input checked="" type="checkbox"/> JANUARY SESSION - INDICATE THE ASSESSMENT(S) REQUESTED Provide all necessary information [✓]	
<input type="checkbox"/> Closed captioning and transcriptions for students who are Deaf or Hard of Hearing	French assessments: <input type="checkbox"/> LTP10 <input type="checkbox"/> LTP12 <input type="checkbox"/> LTF12
<input type="checkbox"/> Extended time on oral component:	
<input type="checkbox"/> 1.5 times longer reflection time <input type="checkbox"/> 2 times longer reflection time <input type="checkbox"/> other reflection time <input type="checkbox"/> 1.5 times longer recording time <input type="checkbox"/> 2 times longer recording time <input type="checkbox"/> other recording time	
<input checked="" type="checkbox"/> APRIL SESSION - INDICATE THE ASSESSMENT(S) REQUESTED Provide all necessary information [✓]	
<input type="checkbox"/> Closed captioning and transcriptions for students who are Deaf or Hard of Hearing	French assessments: <input type="checkbox"/> LTP10 <input type="checkbox"/> LTP12
<input type="checkbox"/> Extended time on oral component:	
<input type="checkbox"/> 1.5 times longer reflection time <input type="checkbox"/> 2 times longer reflection time <input type="checkbox"/> other reflection time <input type="checkbox"/> 1.5 times longer recording time <input type="checkbox"/> 2 times longer recording time <input type="checkbox"/> other recording time	
<input checked="" type="checkbox"/> JUNE SESSION - INDICATE THE ASSESSMENT(S) REQUESTED Provide all necessary information [✓]	
<input type="checkbox"/> Closed captioning and transcriptions for students who are Deaf or Hard of Hearing	French assessments: <input type="checkbox"/> LTP10 <input type="checkbox"/> LTP12 <input type="checkbox"/> LTF12
<input type="checkbox"/> Extended time on oral component:	
<input type="checkbox"/> 1.5 times longer reflection time <input type="checkbox"/> 2 times longer reflection time <input type="checkbox"/> other reflection time <input type="checkbox"/> 1.5 times longer recording time <input type="checkbox"/> 2 times longer recording time <input type="checkbox"/> other recording time	

Signature or Name:

Date:

TDHH/Designated School Contact

RETURN COMPLETED FORM TO ADJUDICATION COORDINATOR AT MINISTRY OF EDUCATION AND CHILD CARE
ON OR BEFORE REQUEST DEADLINE

COMPLETED REQUEST FORM MUST BE SUBMITTED VIA EMAIL TO: EDUC.Adjudication@gov.bc.ca

If you have not received an email confirmation from Ministry of Education and Child Care within 3 business days of sending request, contact the Adjudication Team at inclusive.education@gov.bc.ca