REQUEST FOR SPECIAL FORMAT ASSESSMENTS – NOVEMBER, JANUARY, APRIL, JUNE

Special Assessments (Braille or Large Print) are provided to students who meet the criteria for designation as a student with a Visual Impairment as outlined in the Inclusive Education Services: A Manual of Policy, Procedures and Guidelines

BRITISH COLUMBIA | Ministry of Education and Child Care

SESSION	**November 2026**	**DUE DATE**	**September 25, 2026**
SESSION	**January 2027**	**DUE DATE**	**October 2, 2026**
SESSION	**April 2027**	**DUE DATE**	**January 8, 2027**
SESSION	**June 2027**	**DUE DATE**	**February 19, 2027**

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 is registered with the Provincial Resource Centre for the Visually Impaired (PRCVI)

☐Student receives direct services from a Teacher of Students with Visual Impairments (TSVI)

TSVI NAME:	TSVI EMAIL:

**** COMPLETE A SEPARATE FORM FOR EACH ASSESSMENT/SESSION REQUEST ****

(i.e. if student is writing Jan NME10 and Apr LTE10 submit 2 forms)

☐ NOVEMBER SESSION - INDICATE THE ASSESSMENT(S) REQUESTED Provide all necessary information [✓]

☐ BRAILLE [Hard Copy]	☐ E-TEXT [Available only for LTE10 and LTE12]	**English** assessments: ☐ NME10 ☐ LTE10 ☐ LTE12
☐ LARGE PRINT (PAPER COPY) **Size and Font if required:** ☐ 20pt ☐ 26pt ☐ Arial ☐ BC Sans		

✓ JANUARY SESSION - INDICATE THE ASSESSMENT(S) REQUESTED Provide all necessary information [✓]

☐ BRAILLE [Hard Copy]	☐ E-TEXT [Available only for LTE10 and LTE12]	**English** assessments: ☐ NME10 ☐ LTE10 ☐ LTE12	**French** assessments: ☐ NMF10 ☐ LTP10 ☐ LTF12 ☐ LTP12
☐ LARGE PRINT (PAPER COPY) **Size and Font if required:** ☐ 20pt ☐ 26pt ☐ Arial ☐ BC Sans			

☐ APRIL SESSION - INDICATE THE ASSESSMENT(S) REQUESTED Provide all necessary information [✓]

☐ BRAILLE [Hard Copy]	☐ E-TEXT [Available only for LTE10 and LTE12]	**English** assessments: ☐ NME10 ☐ LTE10 ☐ LTE12	**French** assessments: ☐ NMF10 ☐ LTP10 ☐ LTP12
☐ LARGE PRINT (PAPER COPY) **Size and Font if required:** ☐ 20pt ☐ 26pt ☐ Arial ☐ BC Sans			

☐ JUNE SESSION - INDICATE THE ASSESSMENT(S) REQUESTED Provide all necessary information [✓]

☐ BRAILLE [Hard Copy]	☐ E-TEXT [Available only for LTE10 and LTE12]	**English** assessments: ☐ NME10 ☐ LTE10 ☐ LTE12	**French** assessments: ☐ NMF10 ☐ LTP10 ☐ LTF12 ☐ LTP12
☐ LARGE PRINT (PAPER COPY) **Size and Font if required:** ☐ 20pt ☐ 26pt ☐ Arial ☐ BC Sans			

Signature or Name: **Date:**

TSVI/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**