

REQUEST FOR SPECIAL FORMAT ASSESSMENTS – 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 *Special Education Services: A Manual of Policy, Procedures and Guidelines*



Ministry of
Education and
Child Care

SESSION January 2024		DUE DATE October 6, 2023
SESSION April 2024		DUE DATE January 12, 2024
SESSION June 2024		DUE DATE February 23, 2024
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 primary 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:
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**** Complete a separate form for each session request ** (i.e. if student is writing Jan NME10 and Apr LTE10 submit 2 forms)**

<input type="checkbox"/> JANUARY SESSION - INDICATE THE ASSESSMENT(S) REQUESTED Provide all necessary information [✓]			
<input type="checkbox"/> BRAILLE [Hard Copy]	<input type="checkbox"/> E-TEXT [Available only for LTE10 and LTE12]	English assessments:	French assessments:
<input type="checkbox"/> LARGE PRINT (PAPER COPY) Size and Font if required: <input type="checkbox"/> 20pt <input type="checkbox"/> 22pt <input type="checkbox"/> 24pt <input type="checkbox"/> 26pt <input type="checkbox"/> Arial <input type="checkbox"/> Verdana <input type="checkbox"/> BC Sans		<input type="checkbox"/> NME10 <input type="checkbox"/> LTE10 <input type="checkbox"/> LTE12	<input type="checkbox"/> NMF10 <input type="checkbox"/> LTP10 <input type="checkbox"/> LTF12 <input type="checkbox"/> LTP12
<input type="checkbox"/> APRIL SESSION - INDICATE THE ASSESSMENT(S) REQUESTED Provide all necessary information [✓]			
<input type="checkbox"/> BRAILLE [Hard Copy]	<input type="checkbox"/> E-TEXT [Available only for LTE10 and LTE12]	English assessments:	French assessments:
<input type="checkbox"/> LARGE PRINT (PAPER COPY) Size and Font if required: <input type="checkbox"/> 20pt <input type="checkbox"/> 22pt <input type="checkbox"/> 24pt <input type="checkbox"/> 26pt <input type="checkbox"/> Arial <input type="checkbox"/> Verdana <input type="checkbox"/> BC Sans		<input type="checkbox"/> NME10 <input type="checkbox"/> LTE10 <input type="checkbox"/> LTE12	<input type="checkbox"/> NMF10 <input type="checkbox"/> LTP10 <input type="checkbox"/> LTP12
<input type="checkbox"/> JUNE SESSION - INDICATE THE ASSESSMENT(S) REQUESTED Provide all necessary information [✓]			
<input type="checkbox"/> BRAILLE [Hard Copy]	<input type="checkbox"/> E-TEXT [Available only for LTE10 and LTE12]	English assessments:	French assessments:
<input type="checkbox"/> LARGE PRINT (PAPER COPY) Size and Font if required: <input type="checkbox"/> 20pt <input type="checkbox"/> 22pt <input type="checkbox"/> 24pt <input type="checkbox"/> 26pt <input type="checkbox"/> Arial <input type="checkbox"/> Verdana <input type="checkbox"/> BC Sans		<input type="checkbox"/> NME10 <input type="checkbox"/> LTE10 <input type="checkbox"/> LTE12	<input type="checkbox"/> NMF10 <input type="checkbox"/> LTP10 <input type="checkbox"/> LTF12 <input type="checkbox"/> LTP12

Signature or Name:

TSVI/Designated School Contact

Date:

**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