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

BRITISH COLUMBIA | 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 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 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:

**** Complete a separate form for each session request **** ***(i.e. if student is writing Jan LTP10 and Apr LTP12, submit 2 forms)***

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

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**