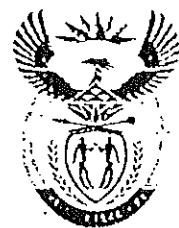




**Department of Education**  
Lefapha la Thuto  
*Departement van Onderwys*



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NORTH WEST PROVINCE

**FORM A**

**APPLICATION ON BEHALF OF A LEARNER EXPERIENCING BARRIERS TO LEARNING FOR ALTERNATIVE METHODS OF ASSESSMENT**

**GENERAL INSTRUCTIONS**

- Section A and B to be fully completed by the School/Centre Assessment Committee. Attach all the latest documents or reports, eg. medical report, psychological report, school report, examples of schoolwork, etc. Application Forms that are incomplete will not be considered.
- Submit the application form and attached documentation to the Regional Assessment Committee (RAC), who will complete Section C.
- In all ongoing applications the Regional Assessment Committee will review the application and inform the school on its decision.
- In the case of block applications (Gr 9, Gr 12 and ABET level 4-Final Examinations), the Regional Assessment Committee will complete Section C and submit the application forms to the Provincial Assessment Committee for a final decision.

**SECTION A: IDENTIFICATION PARTICULARS**

1.	Name of learner				
2.	Date of Birth		I.D. NO		
3.	Name of School		Tel no:		Fax no
4.	Region	Area Project Office			
5.	Exam. Regist. No	Exam Centre No			

**SECTION B: INFORMATION ON BARRIER(S) TO LEARNING EXPERIENCED BY LEARNER**

1.	Short description of barrier(s) to learning (refer to guidelines document).
2.	In what way does the above barrier(s) influence the learner.
3.	Indicate with an "X" the adaptive/alternative procedure applied for (refer to guidelines document):
	Additional time – Which subjects?



	Special Equipment – Specify				
	Any other – Specify				
4.	Scholastic information				
4.1	School Grades repeated from Gr 1 – Gr 12				
Grade	Year Failed	Subjects/Learning areas in which requirements were not met.			
4.2	Number of schools attended since Grade 1				
4.3	Latest available assessment results. (not older than 06 months)				
	Subject/Learning Area	Marks (%)	Grade average (%)		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
4.4	Were adaptive methods of assessment applied?			YES	NO
	If YES, specify. If NO, why not?				
4.5	When was the barrier to learning first determined/recorded?		Date		
4.6	Did the learner receive any specific support/intervention? If Yes, frequency, type and duration of assistance.				
4.7	Outcome of the assistance. Was there any improvement? If not, why not?				
4.8	Any other appropriate information.				

4.9 On what date was the learner seen by a medical practitioner, in case of an injury or illness?

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SIGNATURE (Principal) \_\_\_\_\_

DATE \_\_\_\_\_

**NB! Attach all information relevant to this application.**

**SECTION C: TO BE COMPLETED BY THE REGIONAL ASSESSMENT COMMITTEE (ALL APPLICATIONS)**

Name of Inclusive Education Official			
Does the learner qualify for an adaptive method of assessment		YES	NO
If YES, recommendations as to the particular alternative assessment, also indicating for what subjects, special equipment and / or extra time.			
If NO, motivate.			

SIGNATURE \_\_\_\_\_

CO-ORDINATOR: DIVISION INCLUSIVE EDUCATION

DATE \_\_\_\_\_

**NB! If applicable attach own report and/or any further information obtained.**

**SECTION D: TO BE COMPLETED BY THE PROVINCIAL ASSESSMENT COMMITTEE (PAC) (Only block applications)**

Date of PAC meeting			
Does the candidate qualify for an adaptive method of assessment		YES	NO
If YES, final recommendations as to the particular alternative assessment procedure(s), also indicating for what subjects, special equipment, and / or extra time required.			
If NO, motivate			

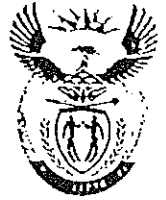
CHAIRPERSON  
Provincial Assessment Committee

DATE \_\_\_\_\_

- NOTES:
1. The PAC will acknowledge receipt of applications to the school.
  2. The PAC will keep thorough record of all applications, meetings and further correspondence.
  3. The school/applicant and Regional Division Inclusive Education will be informed in writing of the outcome of the application.
  4. All enquiries will be to the Chairperson: Provincial Assessment Committee.



Department of Education  
Lefapha la Thuto  
Departement van Onderwys



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E-mail: [JvZyl@nwpe.orf.za](mailto:JvZyl@nwpe.orf.za) [Departments@nwpe.orf.za](mailto:Departments@nwpe.orf.za)

NO: - WEST PROVINCE

Enquiries MJ VAN ZYL C E S INCLUSIVE EDUCATION  
Tel 018-2998151  
Fax 018-2932160

FORM C

The Principal

Date

Fax nr

Dear Sir/Madam

APPLICATION FOR ALTERNATIVE ASSESSMENT PROCEDURE

Candidate:

This is to inform you that in accordance with the Provincial Guidelines on Assessment as it relates to barriers to learning, the application of the above candidate has been reviewed by the Provincial Assessment Committee (PAC) /Regional Assessment Committee (RAC) in order to make a recommendation. The application has been:

Approved

Not Approved

COMMENTS:

Note: An appeal against the finding of the PAC/RAC should be made within 14 days upon receipt of this letter.

Yours sincerely

CHAIRPERSON

Provincial Assessment Committee/  
Regional Assessment Committee





**Department of Education**  
**Lefapha la Thuto**  
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 Tel: (018) 389 8167, Fax: (018) 389 8248  
 E-mail [zsprango@mopg.gov.za](mailto:zsprango@mopg.gov.za)

NORTH WEST PROVINCE

Enquiries: Dr ORD Molefe  
 Inclusive Education  
 TEL: 018 389 8188  
 FAX: 018 389 8248

FORM B

The Principal

.....  
 .....  
 .....

DATE .....

FAX NR .....

Dear Sir / Madam

**ACKNOWLEDGEMENT OF RECEIPT**

This is to confirm that the Provincial Assessment Committee (PAC) / Regional Assessment Committee (RAC) has received the above candidates application for an alternative assessment procedure and that you will be informed on the outcome in due course.

Yours sincerely

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 CHAIRPERSON  
 Provincial Assessment Committee/  
 Regional Assessment Committee

Re a dira mo dikolong  Ons werk in ons skole  We are working in our schools  Re a sebeta dikolong  
 Siyasebenz' ezikoleni  Ha tlrha eswikolweni  Re a shuma zwikoloni  Siya sebenta etikoleni  
 Siyasebenz' ezikolweni  Siya berenga ezikolweni

