

Special Needs Centre Inspection Form

Please read the notes overleaf before completing this form. If necessary additional sheets may be attached to this form

1. Examination (PSLE, JCE or BGCSE)

Year

2. Centre Details

Centre Name: Candidate Number:

3. Candidates with Special Needs

Special Needs Type	Number of candidates
Hearing impairment	
Deaf	
Hard of Hearing	
Visual Impairment	
Braille User	
Low Vision	
Colour Blind	
Learning disability (Please specify)	
Medical Condition	
Other (Please specify)	
Total Number of candidates	

4. Pre-Inspection on Access Arrangements

Number of special needs personnel appointed	Complete as necessary
Scribe/Writer	
Practical Assistant	
Reader	
Transcriber	



BOTSWANA
EXAMINATIONS
COUNCIL

Special Needs Centre Inspection Form

Name of Head of Centre:	Signature:
Name of Chief Invigilator:	Signature:
Date:	Tel:

Name of Inspector:		
Designation: <ul style="list-style-type: none">• BEC Officer• Regional Examinations Administrator(REA)• Other (Please specify)		
Signature:	Date:	Tel: