

## FORM A – INFORMATION ON LEARNERS WITH SPECIAL NEEDS

Please complete a separate form for each learner and send a completed copy to BEC by the stipulated deadline. **Note:** A blank copy of this form should be kept on file by the school for on-going identification of learners with special needs.

Student Name & Surname	
Standard/Form	
Examination Year	
Centre Number	
Centre Name	
Postal Address	
Telephone(s)	
Fax	

### TYPE/NATURE OF THE DISABILITY (tick where applicable)

Physical Disability	
Visual Impairment: Blind or Low vision	
Hearing Impairment: Deaf or Hard of Hearing	
Medical	
Psychological	
Learning Disability	
Other (Please specify)	

**BRIEF DESCRIPTION OF THE DISABILITY/SPECIFIC LEARNING DIFFICULTY**

Provide clear explanations of the current impact of disability on the student's ability to function in an academic environment. All functional limitations in such an environment must be clearly stated (Supporting documentation is required)

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**TYPE(S) OF ACCESS ARRANGEMENTS REQUIRED**

1.
2.
3.

**SUPPORTING EVIDENCE**

This may include;

- Medical certificate
- Psychological or other professional assessment report

Please provide details of supporting evidence if any. Attach **copies** of medical evidence or report from educational psychologist. This should include recommendations and/or reasonable adjustments required during the examination process.

Supporting evidence attached: **YES / NO**

**Declaration:**

I confirm that the information provided is accurate.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position in the School/ Centre: \_\_\_\_\_

Date: \_\_\_\_\_

COMPLETED FORMS TOGETHER WITH SUPPORTING EVIDENCE SHOULD BE SENT BY POST OR HAND DELIVERED TO:

**Botswana Examinations Council  
Product Development & Standards  
ATT: Special Needs Office  
Plot 54862, KT Motsete Rd  
Private bag 0070  
Gaborone**