

# TASC EXTERNAL ASSESSMENT

## 2024 REASONABLE ADJUSTMENTS RE-APPLICATION FORM (RA2)

### FOR NON-PERMANENT CONDITIONS

This form is for students who previously received reasonable adjustments for a non-permanent diagnosed condition and require the same adjustments for their Tasmanian Assessment, Standards and Certification (TASC) external exams, related to the same diagnosed condition.

This form must be submitted by the school TASC Liaison Officer (TLO) via the correspondence function in TRACS by Friday, 5 July 2024.

### Student Details

<b>TASC ID</b>	
<b>Student name</b>	
<b>Student's email address</b> (must be current to receive communication from TASC regarding your application)	
<b>School/College</b>	

### Adjustments

<b>Previously approved adjustment(s)</b>	
<b>Additional adjustments being requested</b>	<input type="checkbox"/> Yes (Eligibility Section pg3. of this form and supporting evidence must be provided) <input type="checkbox"/> No (Student signature and Principal endorsement only to be completed)
<b>Person/s monitoring condition</b>	<input type="checkbox"/> School-based (psychologist, social worker or counsellor) <input type="checkbox"/> Medical practitioner <input type="checkbox"/> Other Please specify: .....

If you have any queries regarding the completion of this form, please contact TASC at [enquiries@tasc.tas.gov.au](mailto:enquiries@tasc.tas.gov.au)

## Student Authorisation

To receive reasonable adjustments, I acknowledge that TASC will review my existing record for re-approval for the current year. I confirm that my condition remains current and ongoing, or there have been changes or a worsening of my condition necessitating adjustments for external assessments. I have provided supporting evidence for previously approved adjustments and/or any additional ones needed as required for both stable and changing conditions.

TASC will manage information in accordance with the [TASC Personal Information Protection Policy](#) and the [Personal Information Protection Act 2004](#).

Student signature: ..... Date: ...../...../.....

Parent/Guardian signature: ..... Date: ...../...../.....  
(if applicable)

## Assistive Technologies

If the use of a computer, assistive technologies, a scribe or a reader are requested, list any Level 3 or 4 TASC course exams you **will not** require these adjustment/s for (e.g. Mathematics or Science exams):

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## Principal Endorsement

All applications **must** be endorsed and signed by the principal of the school/college attended.

## Declaration

I declare that, to the best of my knowledge, all the information given on this form (and attachments) is correct. I confirm that the student's previous adjustments, which are still required, will have a functional impact on external assessments and are being implemented internally. Additionally, I confirm that any additional adjustments deemed necessary are also being implemented internally, with supporting evidence provided alongside this application.

TASC will manage information in accordance with the [TASC Personal Information Protection Policy](#) and the [Personal Information Protection Act 2004](#).

Name of Principal (or delegate): .....

Signature: ..... Date: ...../...../.....

# Eligibility

Eligibility for additional adjustments will be assessed based on information provided by a medical practitioner or school-based professional.

<b>TASC ID</b>	
<b>Student name</b>	

## Completed By *(supporting professional)*

Family Name: ..... Contact Number: .....  
Given Name(s): ..... Email: .....  
Occupation: ..... **OR** Position held: .....  
Signature: ..... Date of Assessment: ...../...../.....

### 1. Summary of the diagnosis and history of the condition:

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### 2. Additional adjustments being requested:

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3. Details outlining how previous and/or additional adjustments are being applied internally:

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I acknowledge that TASC may need to contact me for additional information regarding the candidate’s application for Reasonable Adjustments. TASC manages information in accordance with the [Personal Information Protection Act 2004](#), and I acknowledge that the candidate has consented for me to discuss information relating to this application if needed.

Full name: .....

Signature: ..... Date: ...../...../.....