



National Assessment Program – Literacy and Numeracy (NAPLAN) 2020 ADJUSTMENT FOR INJURY OR TEMPORARY DISABILITY

Application to be submitted prior to the student sitting the tests

Email applicatio	n to: naplan@sc	sa.wa.edu.au	Telephone enq	uiries: 9442 9442
STUDENT GIVEN NA	MES:			
STUDENT FAMILY NA	AME:			
STUDENT YEAR LEVE	iL:	DATE OF BIRTH:	/	1
SCHOOL NAME:				
SCHOOL PHONE NO:		SCHO	OL CODE:	
NAPLAN COORDINA	TOR EMAIL:			
Adjustments for temporary injury are made in accordance with the protocols stated in Section 6 of the <i>Handbook for principals and NAPLAN coordinators</i> .				
Scribes are NOT permitted for the writing assessment in the case of a temporary injury.				
Indicate the nature of the injury or temporary disability and the adjustments requested for the student. Note: schools are required to have documented evidence of the injury or temporary disability.				
Injury		Adjustment		
Principal signature:				Date:
	(sign)	(print name)	
Office use only.	Approved:	Dated:	HPRM ref	f:

HPRM: 2019/62680