Telephone enquiries: 9442 9442





## **NAPLAN ONLINE 2018**

## ALTERNATIVE TEST FORMATS: Braille, large print, black and white

Requests to be submitted via email or mail by FRIDAY 16 FEBRUARY 2018

Email application to:

naplanonline@scsa.wa.edu.au

Mail: NAPLAN ONLINE

K-10 Testing

School Curriculum and Standards

Authority

**CANNINGTON WA 6987** 

PO Box 816

| STUDENT SURN   |        |       |               |        |       |        |                     |            |         |        |      |        |  |   |  |  |
|--|--------|-------|---------------|--------|-------|--------|---------------------|------------|---------|--------|------|--------|--|---|--|--|
| STUDENT GIVEN  | ES:    |       |               |        |       |        |                     |            |         |        |      |        |  |   |  |  |
| STUDENT YEAR LEVEL:  |        |       |               | D      | ATE ( | OF BII | RTH:                |            | /       |        |      | /      |  |   |  |  |
| NAPLAN COORE   | DINATO | OR'S  | EMAIL:        |        |       |        |                     |            |         |        |      |        |  |   |  |  |
| SCHOOL NAME:   |        |       |               |        |       |        |                     |            |         |        |      |        |  |   |  |  |
| SCHOOL PHONE NO:   |        |       |               |        |       |        | SCHOO               | L CODE:    |         |        |      |        |  |   |  |  |
| Please indicate the tests and formats required for this student.               |        |       |               |        |       |        |                     |            |         |        |      |        |  |   |  |  |
| Language conven  | tions  |       | Reading       | Wri    | iting |        | Numera              | су         |         |        |      |        |  |   |  |  |
| BRAILLE  | Χ      |       | LARGE PRINT   | X      |       | BLAC   | CK AND WH           | IITE       | Х       |        | OTH  | HFR    |  | Х |  |  |
| Braille UEB  |        |       | <b>A3</b> N18 |        |       |        | cand white          |            |         |        |      | tronic |  |   |  |  |
| Braille non-UEB  |        |       | <b>A3</b> N24 |        |       |        |                     |            |         |        | Lice | 01110  |  |   |  |  |
| A3 N36   |        |       |               |        |       |        |                     |            |         |        |      |        |  |   |  |  |
| A4 N18<br>A4 N24   |        |       |               |        |       |        |                     |            |         |        |      |        |  |   |  |  |
|  |        |       |               |        |       |        |                     |            |         |        |      |        |  |   |  |  |
| AT IV24  |        |       |               |        |       |        |                     |            |         |        |      |        |  |   |  |  |
| Please state the documented primary disability and any co-existing conditions. |        |       |               |        |       |        |                     |            |         |        |      |        |  |   |  |  |
| riease state the documented primary disability and any co-existing conditions. |        |       |               |        |       |        |                     |            |         |        |      |        |  |   |  |  |
| Please provide the following details:  |        |       |               |        |       |        |                     |            |         |        |      |        |  |   |  |  |
| NCCD Level of adj  |        |       |               |        |       |        |                     |            |         |        |      |        |  |   |  |  |
| Public schools (inc<br>Schools) provide a<br>Allocation                        |        |       |               |        |       |        |                     |            |         |        |      |        |  |   |  |  |
| Principal signature:   |        |       | lainn         | 1      |       |        | ,                   | nloaca ==: | nt nama |        |      | DATE   |  |   |  |  |
|  |        |       | (sign         | )      |       |        | (please print name) |            |         |        |      |        |  |   |  |  |
| Office use only.   | А      | hppro | oved:         | Dated: |       |        |                     |            | RM re   | 1 ref: |      |        |  |   |  |  |