



**National Assessment Program – Literacy and Numeracy (NAPLAN) 2019**  
**ADJUSTMENT FOR INJURY OR TEMPORARY DISABILITY**  
Application to be submitted by **TUESDAY 14 MAY 2019**

**Email application to:** [naplan@scsa.wa.edu.au](mailto:naplan@scsa.wa.edu.au)

**Telephone enquiries:** 9442 9442

**STUDENT GIVEN NAMES:**

**STUDENT SURNAME:**

**STUDENT YEAR LEVEL:**

**DATE OF BIRTH:**



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**SCHOOL NAME:**

**SCHOOL PHONE NO:**

**SCHOOL CODE:**





**NAPLAN COORDINATOR'S EMAIL:**

Adjustments for temporary injury are made in accordance with the protocols stated in Section 6 of the *Handbook for principals*. **Scribes for the writing assessment are not permitted.**

Please indicate the nature of the documented injury or temporary disability and the adjustments requested for the student.

<i>Injury</i>	<i>Adjustment</i>

**Principal signature:**

(sign)

(please print name)

**DATE**

**Office use only.**

**Approved:**

**Dated:**

**TRIM ref:**