



NAPLAN ONLINE 2017

ALTERNATIVE TEST FORMATS for Paper Backup Materials: Braille, large print, black and white, electronic

Requests to be submitted via email or mail by FRIDAY 24 FEBRUARY 2017

Email application to:
naplanonline@scsa.wa.edu.au

Mail: NAPLAN ONLINE
K-10 Testing
School Curriculum and Standards
Authority
PO Box 816
CANNINGTON WA 6987

Telephone enquiries: 9442 9442

STUDENT SURNAME:

STUDENT GIVEN NAMES:

STUDENT YEAR LEVEL:

DATE OF BIRTH:

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NAPLAN COORDINATOR'S EMAIL:

SCHOOL NAME:

SCHOOL PHONE NO:

SCHOOL CODE:

Please indicate the tests and formats required for this student.

Language conventions Reading Writing Numeracy

| BRaille | X |
|-----------------|--------------------------|
| Braille UEB | <input type="checkbox"/> |
| Braille non-UEB | <input type="checkbox"/> |

| LARGE PRINT | X |
|-------------|--------------------------|
| A3 N18 | <input type="checkbox"/> |
| A3 N24 | <input type="checkbox"/> |
| A3 N36 | <input type="checkbox"/> |
| A4 N18 | <input type="checkbox"/> |
| A4 N24 | <input type="checkbox"/> |

| BLACK AND WHITE | X |
|-----------------|--------------------------|
| Black and white | <input type="checkbox"/> |

| OTHER | X |
|------------|--------------------------|
| Electronic | <input type="checkbox"/> |

Please state the documented primary disability and any co-existing conditions.

Please provide the following details:

| | |
|--|----------------------|
| NCCD Level of adjustment | <input type="text"/> |
| Public schools (including Independent Public Schools) provide any Individual Disability Allocation | <input type="text"/> |

Principal signature:

(sign)

(please print name)

Office use only.

Approved:

Dated:

HPRN ref: