**Staff Record – Access Arrangements**

Please complete this form after each exam/assessment during which you have supported a candidate with access arrangements and please retain a copy to be stored with any assessment papers.

Your comments will help to support the student effectively and provide evidence for moderation and inspection.

|  |  |  |
| --- | --- | --- |
| Student Name: | Date of Exam: | |
| Exam/Assessment: | Type of Exam/Assessment: (please tick)  Mock  External exam  Controlled Assessment  Other (specify) | |
| The student was allowed: (please tick)  25% extra time  Exam reading pen  Computer reader  Human Reader  Word processor  Scribe  Bilingual dictionary  Prompter  Practical assistant  Supervised Rest Breaks  Other (specify) | They used the arrangements:  Fully  Frequently  Infrequently  Not at all  They appeared:  Calm & on task  Anxious  Other (specify) | |
| Any comments? | | |
| Your name: | | Job Role: |