**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.

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| Student Name: | Date of Exam: |
| Exam/Assessment: | Type of Exam/Assessment: (please tick)Mock External examControlled AssessmentOther (specify) |
| The student was allowed: (please tick)25% extra timeExam reading penComputer readerHuman ReaderWord processor ScribeBilingual dictionaryPrompterPractical assistantSupervised Rest BreaksOther (specify) | They used the arrangements:FullyFrequentlyInfrequentlyNot at allThey appeared:Calm & on taskAnxiousOther (specify) |
| Any comments? |
| Your name: | Job Role: |