

ESL Application for Accommodations for Diploma Examinations 2009-2010



ALBERTA STUDENT NUMBER

SURNAME

LEGAL FIRST AND MIDDLE NAMES

BIRTH DATE

Year	Month	Day
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 SEX M-Male F-Female TELEPHONE

(e.g., 90 Jul 20)

PERMANENT ADDRESS

Apt/Street/Ave/P.O. Box/Route

Village/Town/City

Province Postal Code

Educational Background of Student:

Include country of origin, date of arrival in Canada [if applicable], language(s) spoken in the home, previous educational experience, language proficiency on arrival, etc. _____

The student has been utilizing extra time as an accommodation throughout his or her coursework and testing situations in the course(s) that the student will be writing diploma examination(s): YES NO COURSE DEPENDENT

I attest that the above statement is true:

_____ School staff signature, title, date

Language Proficiency Test Scores:

Language Proficiency Test #1: _____ (Name and form used)

Date test was administered: _____ Duration of assessment (hr/min): _____

Administrator (name and title): _____

Test results and analysis:

Section: _____	Raw Score: _____	Grade equivalency _____
Section: _____	Raw Score: _____	Grade equivalency _____
Section: _____	Raw Score: _____	Grade equivalency _____

Language Proficiency Test #2 [If applicable]: _____ (Name and form used)

Date test was administered: _____ Duration of assessment (hr/min): _____

Administrator (name and title): _____

Test results and analysis:

Section: _____	Raw Score: _____	Grade equivalency _____
Section: _____	Raw Score: _____	Grade equivalency _____
Section: _____	Raw Score: _____	Grade equivalency _____

Examination administration session for which this request applies (use a separate application form for each session):

November 2009; deadline for application: September 30, 2009 **June 2010**; deadline for application: April 16, 2010

January 2010; deadline for application: November 6, 2009 **August 2010**; deadline for application: July 16, 2010

April 2010; deadline for application: March 3, 2010

ALBERTA STUDENT
NUMBER

STUDENT'S NAME



Educator Observation and Recommendation

Course name [Diploma exam being written]: _____

The student has been receiving extra time in this course YES NO

Educator's name and signature: _____

Course name [Diploma exam being written]: _____

The student has been receiving extra time in this course YES NO

Educator's name and signature: _____

Course name [Diploma exam being written]: _____

The student has been receiving extra time in this course YES NO

Educator's name and signature: _____

Course name [Diploma exam being written]: _____

The student has been receiving extra time in this course YES NO

Educator's name and signature: _____

To be completed by the Alberta high school the student is attending:

Accommodations	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> English <input type="checkbox"/> French	<input type="checkbox"/> English <input type="checkbox"/> French
	Biology 30 Course #3 Extra Time SAMPLE	_____	_____	_____	_____	_____
		Course	Course	Course	Course	Course
		_____	_____	_____	_____	_____

School Code _____ School Name _____

Principal's Name _____ School Telephone _____

Principal/Designate Signature _____ Area Code _____
Date _____

Second Contact Name and E-mail Address _____

Name and school code of the writing centre where this student intends to write:

Writing Centre Name _____ School Code: _____

To be completed by student and parent/guardian:

I/we understand that the personal information collected on this form pursuant to section 32(c) of the *Freedom of Information and Protection of Privacy Act* will be used to process and administer the writing and/or rewriting of the registered diploma examination(s) and/or for making the appropriate adjustment of marks in the registered Course(s). This information will be used only for the purposes stated by Alberta Education.

I/we have accurately provided information on this application form.

Signature of Student _____ Date _____

Signature of Parent/Guardian (if student is under 18 years of age) _____ Date _____

This form must be submitted to:

Alberta Education, Special Cases & Accommodations
44 Capital Blvd, 10044 – 108 Street
Edmonton, AB T5J 5E6

E-mail: special.cases@gov.ab.ca
Phone: (780) 427-0010; Fax: (780) 422-4889
To be connected toll-free within Alberta, dial 310-0000

This form must be fully completed to be processed by Alberta Education.