

PRACTITIONER'S FORM

FOR THE ATTENTION OF PRACTITIONERS AND APPLICANTS FOR ASSESSMENT CONCESSIONS

General remarks

- a. This application for assessment concessions for all Stellenbosch University (SU) assessments (tests and examinations) is a new application. A concession that was granted in the past, e.g. for the matric examinations, does not imply an automatic extension of it at tertiary level.
- b. SU aims to serve the largest possible spectrum of South African society within a framework of fairness and affordability. The University is committed to the policies and guidelines that require reasonable student-specific concessions during assessment. The overarching objective of assessment concessions is to put students with disabilities at an equitable level as students without disabilities for assessment purposes.
- c. In order to be fair to all students, the Assessment Concessions Committee requires that students provide detailed and recent (three years and less) supplementary information and documentation justifying why assessment concessions are required. If a student's condition is permanent, older reports will be considered.
- d. A full description of the condition is required and, where applicable, the completed battery of psychometric instruments must be included.
- e. A student who applies for assessment concessions such as extra writing time, enlarged texts, or any other specialised technology must offer full reasons for the request from a professional practitioner, e.g. the appropriate medical practitioner, psychologist, psychiatrist, eye specialist, or occupational therapist, depending on the nature of the disability or condition.
- f. Specific learning difficulties should be assessed by an educational psychologist and an appropriate DSM diagnosis should be made, for example DSM-5: 315 Specific Learning Disorder. A proven history, which has been recorded accurately, should also be made available. If such history is not available, reasons should be provided for that.
- g. Family members are not allowed to be involved in any part of the assessment process, for instance doing assessments or signing off reports (except for being present at an intake assessment).

STRICTLY CONFIDENTIAL
(Please complete in writing)

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Name of practitioner:

Date:

Contact number:

Registered as:

Registration number:

Name of student:

Student number:

Degree programme:

Year of study:

Age:

1. Indicate the diagnostic category in terms of the DSM-5, ICD-10-CM, or other.

2. Provide a brief history of the condition relating to the concession. Indicate the interventions and support that were received in the past. (If no history is available, provide reasons why not.)

3. Indicate the prognosis and justify how the condition affects writing ability.

4. Is the condition remediable? Can it be treated? If not, give reasons for that.

5. Indicate current and future interventions.

6. What assessment support is proposed?

7. If the diagnosed condition is a specific learning disorder, give reasons why skills development such as reading, spelling, memory, and pencil grip are not considered effective treatment options for the condition. Extra writing time may only be indicated as a last resort if the condition is not remediable for the full duration of study (at undergraduate and postgraduate levels).

8. If the student refuses medication, the practitioner who does the assessment must indicate the reasons below: (The reasons for the refusal of medication must also be indicated here, including the possible implications of such a decision.)

9. Indicate the recommended extra writing time per hour that is requested as an intervention (on the basis of your clinical assessment and diagnosis) or other support.

5 min/h; 10 min/h; 15 min/h; 20 min/h

Please note that SU reserves the right not to grant concessions, and may decide on how much extra time is allocated finally, given the University's available resources.

10. Indicate the recommended duration of the concessions(s), e.g. 1 month; 6 months; 1 year; full duration of study.

In my professional opinion, the above treatment plan and recommendations are the best options in this specific case.

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Signature of practitioner:

Stamp (if available):

Date:

(NB: Please attach a letterhead of your practice for verification purposes.)