## ACER Reasonable Adjustments Form for Registered Medical/Health Practitioners

Please read the information on "ACER Documentation Requirements - Guidelines for Reasonable Adjustments" at <a href="https://teacheredtest.acer.edu.au/register/reasonable-adjustments">https://teacheredtest.acer.edu.au/register/reasonable-adjustments</a> and then complete all the relevant sections of this form by using a pen. Please mark the boxes where relevant.

To be completed by candidate		
Family Name		
Given name		
Date of Birth		
*Gender		

Sections A to F are to be completed by a registered medical or health practitioner ONLY		
A. Candidate's medical condition that requires reasonable adjustments		
Please provide candidate's medical information in the section below. Please also tick the boxes below (if relevant) to ensure information provided address all relevant criteria as outlined below:		
□ details of diagnosis including the severity of the condition/disability and associated impairment, addressing relevant diagnostic criteria according to the most recent edition of a recognised classificatory system such as the <b>Diagnostic and Statistical Manual of Mental Disorders</b> or <b>International Classification of Diseases</b> ;		
☐ Mild ☐ Moderate ☐ Severe		
☐ date of diagnosis and the date of professional's most recent evaluation;		
□ detailed information about the impact of the disability or condition on the candidate's ability to sit the test under standard testing conditions, including levels of functional limitation resulting from the disability or condition;		
☐ any additional information about diagnosis, severity and impairment, including use of relevant assessment instruments with established reliability and validity;		
<ul> <li>□ detailed information, if relevant, on the impact any medications or medical treatments may have on the candidate's ability to sit the test under standard testing conditions;</li> <li>□ educational, developmental and medical history;</li> </ul>		
□ educational, developmental and medical history,		
Please state the name of the medical condition requiring reasonable adjustments:		
Details of diagnosis addressing the above criteria (you may wish to attach any relevant supporting document):		

<sup>\*</sup>https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientationvariables/latest-release

## B. If applying for reasonable adjustments due to Mental Health conditions, please also complete this section below

Please also tick the boxes below (if relevant) to ensure information provided address all relevant criteria as outlined below:

Examples of mental health condition include but are not limited to

- Generalised Anxiety Disorder
- Panic Disorder
- Agoraphobia
- Depressive Disorders

$\square$ Where a mental health condition does not meet criteria for a mental disorder, symptoms and an
related impairment should be described in detail. Results of any Diagnosis Tools/Instruments,
Screening Tools, Symptom Measures or Measures of Disability and Impartment should be
included, if relevant.
□ cupporting documents must be no more than one year old. For progressive or unstable

□ supporting documents must be no more than one year old. For progressive or unstable conditions, it is recommended that more recent documentation is obtained.

## C. If applying for reasonable adjustments due to Neurodevelopmental Disorder conditions, please also complete this section below

Please also tick the boxes below (if relevant) to ensure information provided address all relevant criteria as outlined below:

Examples of neurodevelopmental disorder include but are not limited to

- Attention-Deficit/Hyperactivity Disorder
- Autism Spectrum disorder
- Specific Learning Disorders (for example, Dyslexia and Dyscalculia)

Supporting documents provided are

no more than 5 years old.
current. Candidates who are 20 years of age or older and have had an assessment during their teen years must submit an updated assessment.
detailed. Reports that are limited in scope and content are not accepted. An example of such a report is the one where the diagnosis is based on one screening test or evaluation of needs based on the interpretation of results from one single subset or self-reports only.

D. The reasonable adjustment(s) requested for the candidate		
Please provide detailed information in the section below. Please also tick the boxes below to ensure information provided address the requirements as outlined below:		
□ recommended adjustments that are justified by an evidence-based rationale, specifying the component/s of the test such as Literacy or Numeracy that the adjustments are requested for.  □ Literacy □ Numeracy □ Literacy and Numeracy □ if any, a history of any reasonable adjustments received, the consistency and circumstances of these or an explanation of why adjustments have not been used previously but are required now. □ Please indicate if the candidate requires an accessible online test form (note: this is only applicable to visually impaired candidates).		
Please add information here that addresses the above.		

	oner's details and professional credentials	
Practitioner's Name		
Practitioner's Position Title		
Practitioner's professional registration number		
Registering body		
Practice Address		
F. Medical/Health practition	oner's declaration	
☐ I confirm that I have the professional credentials/expertise outlined in the "ACER Documentation Requirements – Guidelines for Reasonable Adjustments" available at <a href="https://teacheredtest.acer.edu.au/register/reasonable-adjustments">https://teacheredtest.acer.edu.au/register/reasonable-adjustments</a>		
Practitioner's Name		
Practitioner's Signature		
Date		
G. Candidate's declaration	1	
☐ I confirm the details provided in this document are truthful and correct and understand that any reasonable adjustment(s) will be granted at the discretion of the ACER Office based on the information provided and the test requirements.		
Candidate's Name		
Candidate's Signature		
Date		

Once this form has been completed and signed, the candidate must apply for reasonable adjustments and upload the completed form as well as the supporting medical documentation via the ACER candidate account by the registration closing date of the test window they have registered for.

All supporting documents, if any, must be on the practitioner's official letterhead and include the date and title, name, registration number, contact details, and signature of the practitioner.

Once this application has been assessed by ACER, the outcome of the application will be communicated via the ACER candidate account. If the application is incomplete, the candidate may experience a delay in receiving an outcome.

Further information on Reasonable Adjustments can be found at <a href="https://teacheredtest.acer.edu.au/register/reasonable-adjustments">https://teacheredtest.acer.edu.au/register/reasonable-adjustments</a>.