

Literacy and Numeracy Test for Initial Teacher Education Students Reasonable Adjustments Form for Registered Health Practitioners

The Literacy and Numeracy Test for Initial Teacher Education Students is a computer-based assessment introduced by the Australian Government Department of Education to assess the personal literacy and numeracy skills of initial teacher education students. ACER must consider each candidate's requested adjustments in light of maintaining the integrity of the assessment process. Therefore, it may not be possible to provide all the adjustments specified in this form.

Please note: For learning disabilities, an educational psychologist's report (no more than 3 years old) is required. This form on its own, will not be sufficient. A report older than 3 years is acceptable if accompanied by a recent letter from an educational psychologist stating that the information in the report is still applicable to you as you are today.

Please complete all the sections of this form by using a pen.

(A) Candidate's Details

Family Name: _____

Given Name: _____

Date of Birth: _____

Gender: _____

(B) Candidate's medical diagnosis (to be completed by registered health practitioner)

Consultation Date: _____

(C) The reasonable adjustment(s) requested for the test (specific details to be completed by registered health practitioner)

Please tick if the candidate requires an accessible online test form (note: This is only applicable to visually impaired candidates).

(D) The reason for each requested reasonable adjustment for the test (specific details to be completed by registered health practitioner)

(E) Please indicate how your assessment of the candidate's condition was obtained (please tick):

- Information provided by candidate
- Examination of candidate

(F) Practitioner's Details

Practitioner's Name and Position Title (Please print): _____

Practitioner's Number: _____

Practice Address:

Suburb:

State:

Postcode:

Practitioner's Signature: _____

Practitioner's Stamp:

Date: _____

(G) Candidate's Declaration

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 Teacher Test 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, you must apply for reasonable adjustments and upload the completed form as part of your supporting medical documentation by the registration closing date of the test window you have registered for.

Once your application has been assessed by ACER, your outcome will be communicated via your ACER candidate account. If your application is incomplete, you may experience a delay in receiving an outcome as ACER will need to contact you to seek additional information.

Further information on Reasonable Adjustments for the Literacy and Numeracy Test for Initial Teacher Education Students can be found at this website:

<https://teacheredtest.acer.edu.au/register/reasonable-adjustments>