



**ANNEXURE A**

Depending on the severity of barriers experienced, the following options can be available at the discretion of the Western Cape Education Department:

Differentiation strategy or accommodations	Visual impairment/ Colour blindness	Deaf/ Hard of hearing/ Deaf blind	Physical barriers	Learning difficulty	Behaviour, Anxiety, ADD/ ADHD/ Autism/ Psycho-social disorders	Limited functional speech	Other medical conditions
Adaptation of questions	✓	✓	✓	✓		✓	
Additional time	✓	✓	✓	✓	✓	✓	✓
Digital player/Recorder	✓		✓	✓	✓	✓	
Braille	✓						
Computer/Voice to text/Text to voice	✓	✓	✓	✓	✓	✓	✓
Enlarged print	✓		✓				
Handwriting	✓		✓	✓	✓	✓	✓
Medication/food intake	✓		✓				✓
Oral examination	✓	✓	✓	✓	✓	✓	✓
Personal assistant			✓				✓
Prompter				✓	✓		
Reader	✓	✓	✓	✓			✓
Rest breaks	✓	✓	✓	✓			✓
Scribe	✓	✓	✓	✓	✓	✓	✓
Separate venue	✓	✓	✓	✓	✓	✓	✓
Sign language interpreter		✓					
Spelling		✓		✓		✓	
Transcription of braille	✓						
Video/DVD recorder/Webcam		✓				✓	



ANNEXURE B

Application for assessment accommodations or concessions in the National Senior Certificate assessments and examinations

This form must be completed by the school

School: \_\_\_\_\_

Learner's surname: \_\_\_\_\_ Full names: \_\_\_\_\_

ID number:

Grid for ID number (13 empty cells)

CEMIS number:

Grid for CEMIS number (13 empty cells)

Table with 2 main columns: Assessment accommodations or Concessions, and Subjects. Rows include various accommodations like Adaptation of questions, Braille, etc.

Please indicate below what additional time was given in the past and what time should be considered now:

<b>Additional time per hour given in the past</b>		<b>Additional time per hour to be considered now</b>	
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Will the learner need an adapted question paper?

Yes	
No	

Is learner visually impaired?

Yes	
No	

Grades repeated: \_\_\_\_\_

Principal's comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Recommended</b>		<b>Not recommended</b>	
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Principal's name and surname: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOOL'S INFORMATION**

Centre number:

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School's address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e-Mail address: \_\_\_\_\_

Telephone no.: \_\_\_\_\_

Fax no.: \_\_\_\_\_

Please attach the following:

- copy of learner's ID;
- statement of the learner's previous grade's marks for June or November examinations;
- a summarised record of the alternative examining methods previously used for the learner from Grade 10 onwards; and
- reports as listed in Annexure C.

[Applications for assessment accommodations/concessions cannot be considered without the above documentation]

**FOR HEAD OFFICE USE:**

Name: \_\_\_\_\_

**Approved**

**Not approved**

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**ANNEXURE C**

Concession applications require a holistic profile of the learner. To ensure prompt processing of the application please refer to the table below and submit all the required documentation.

<b>Barrier to learning</b>	<b>Support Needs Assessment Forms (SIAS)</b>	<b>Psycho-educational assessment</b>	<b>Medical report</b>	<b>Supporting historical evidence</b>	<b>Educator's comments</b>	<b>School report</b>	<b>School samples</b>
Visual impairment /Colour blindness	✓		✓	✓	✓	✓	
Deaf/Hard of hearing/ Deaf blind	✓		✓	✓	✓	✓	
Physical barriers	✓		✓	✓	✓	✓	✓
Learning difficulty	✓	✓	✓	✓	✓	✓	✓
Behaviour, Anxiety, ADD/ADHD/ Autism/ Psycho-social disorders	✓	✓	✓	✓	✓	✓	✓
Limited functional speech	✓	✓	✓	✓	✓	✓	✓
Other medical conditions	✓		✓	✓	✓	✓	



**ANNEXURE D**

Reference: 14/5/2

Enquiries: District Office

**APPLICATION FORM FOR LANGUAGE CONCESSIONS FOR IMMIGRANT LEARNERS**

**SECTION A (TO BE COMPLETED BY PARENT OR GUARDIAN)**

1. FULL NAME OF PRESENT SCHOOL: \_\_\_\_\_
2. SURNAME OF LEARNER: \_\_\_\_\_
3. FIRST NAME(S): \_\_\_\_\_
4. DATE OF BIRTH: \_\_\_\_\_
5. PLACE OF BIRTH: \_\_\_\_\_
6. DETAILS OF ALL SCHOOLS ATTENDED:

GRADE	YEAR	SCHOOL	TOWN/CITY	COUNTRY
R				
1				
2				
3				
4				
5				
6				
GRADE	YEAR	SCHOOL	TOWN/CITY	COUNTRY
7				
8				
9				

**\*NB: Copies of previous school reports must be attached as evidence.**

7. Date of arrival in South Africa: \_\_\_\_\_  
(a) **DATE** of first day of school attendance in the South African education system:  
\_\_\_\_\_
- (b) **GRADE** entered on the first day of school attendance in the South African education system: \_\_\_\_\_
8. Has the learner been granted a study permit to attend a school in South Africa?  
(Please indicate by circling **YES** or **NO**) **YES/NO**
9. **If applicable, a certified copy of the passport and study permit must be attached to this form**  
**YES/NO**
10. Please indicate by circling **YES** or **NO**, whether the parent(s) or guardian(s) is:
- 10.1 A diplomatic representative of a foreign government accredited in South Africa. **YES/NO**
- 10.2 An immigrant settling permanently in South Africa. **YES/NO**
- 10.3 A South African citizen who returned to South Africa after a prolonged stay in a foreign country. **YES/NO**
- 10.3.1 Date on which the parent(s) or guardian(s) left South Africa: \_\_\_\_\_
- 10.3.2 Return date: \_\_\_\_\_
- 10.4 Temporarily resident in South Africa (copy of the permit) **YES/NO**  
(a) Occupation of father/mother/guardian: \_\_\_\_\_  
(b) Name of his/her employer: \_\_\_\_\_
11. Full names of father/mother/guardian (delete whichever is **NOT** applicable)  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**SECTION B: (FOR SCHOOL PRINCIPAL'S USE)**

This application for a language concession is recommended for approval.

Comments:

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\_\_\_\_\_  
SIGNATURE OF PRINCIPAL

\_\_\_\_\_  
DATE

SCHOOL STAMP