

# Reasonable Adjustment Form

Personal information			
Kaplan student ID:			
First name:		Last name:	
Email:			
Telephone:	(W):	(H):	(M):
Subject:			
Course:			
What is Reasonable Adjustment?			
<p>If you have a disability and or learning condition that impacts your ability to undertake study or an assessment(s), you may be eligible for Reasonable Adjustment.</p> <p>Some examples of common disabilities are; vision impairment, deafness or hard of hearing, mental health conditions, intellectual disability, acquired brain injury, autism spectrum disorder, and physical disability.</p> <p>Examples of Reasonable Adjustment include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Extending or modifying timeframes for assessments.</li> <li>• Presenting information in a range of media thereby enhancing accessibility.</li> <li>• Using oral assessments (e.g. presentations, telephone interviews) as alternatives to written tasks.</li> <li>• Ensuring the language of assessment instruments do not create barriers (e.g. use of plain English).</li> </ul> <p>While such adjustments are permissible, they must not compromise the integrity of the overall assessment. For further information refer to the Assessment Policy in the Student Policies section on the Kaplan website.</p>			
Assessment for which Reasonable Adjustment is sought			
<input type="checkbox"/> Exam*	<input type="checkbox"/> Assignment*	<input type="checkbox"/> Presentation*	
<p>* If assessment date has been booked include date: In the below section please ensure you:</p> <ul style="list-style-type: none"> <li>• Outline the circumstances which affect your ability to successfully complete your course and/or subject.</li> <li>• Outline the nature of the disability for which you seek reasonable adjustment and your requirements.</li> <li>• Please attach a medical certificate or other documentary evidence to support your application.</li> </ul>			
Student Declaration			
<p>I understand that the submission of an application for Reasonable Adjustment does not automatically mean it will be approved.</p> <p>I give Kaplan Professional permission to contact medical practitioners or other relevant parties to verify authenticity of the supporting documentation I have provided in my application.</p>			
Signed (Student):		Date:	

**Email to:** mail@kaplan.edu.au

**Mail to:** Kaplan Professional  
L4, 45 Clarence Street, Sydney NSW 2000