

Form C: Application Form for Candidates with Autism Spectrum Condition



Please Note

This application Form should be filled by the relevant professional and should be attached to Form A before submission.

Candidate's Details

ID Number _____ Date of Birth _____
Last Name _____ First Name _____
Condition _____

Did the candidate sit for any SEC examinations previously? Yes No

Please give details if previous examination access arrangements were granted by the ADSC:

Author of this report

Last Name _____ First Name _____
Qualifications: _____ MPPB Reg. No. _____

Are you a qualified psychologist? Yes No

Are you a qualified literacy specialist? Yes No

If you have answered NO to the previous questions, please explain how you deem your qualification(s) to be appropriate for the certification required:

I declare that the contents of this report are accurate:

Date: _____ Signature _____

Examination Access Arrangements Requested

Extra time Room with fewer candidates Prompter

To inform one-to-one oral examiner to put candidate at ease

Other, please specify: _____

ASC Assessment Scores

Candidate's Cognitive Ability Profile (fill in where relevant)

Year	BAS GCA	Verbal	Non Verbal	Spatial	
Year	WISC FSIQ	Verbal Comprehension	Perceptual Reasoning	Working Memory	Processing Speed

Please provide a summary of the outcome of the psycho-educational assessment and state the date when it was undertaken:

Please indicate the assessment instrument used from the list below. Date: _____

Social Responsiveness Scale (SRS)

The Childhood Autism Rating Scale (CARS)

The Autism Diagnostic Observation Schedule (ADOS)

The Diagnostic Interview for Social and Communication Disorders (DISCO)

The Autism Diagnostic Interview – Revised (ADI – R)

Other validated instruments (specify)

Results of Assessments.

Where possible, please provide a copy of the computer-generated results.
