

Form E: Application Form for Candidates with DCD/Dyspraxia



Please Note

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

Candidate's Details

ID Number _____ Date of Birth _____

Last Name _____ First Name _____

Condition _____

Did the candidate sit for any SEC exams 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: _____ Warrant No. _____

Are you a qualified Occupational Therapist? 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 Supervised rest breaks Word processor

Other, please specify: _____

**Motor Coordination:
(Any recognised and Standardised Test
for Motor Coordination e.g. MVMT, ABC,
BOTMP, SIPT)**

Date of Administration	
Name of test	
Standard Score	

**Visual-motor Integration:
(any recognised and Standardised Test
for Visual-motor Integration e.g. Beery
VMI-6, DVPT, etc.)**

Date of Administration	
	Standard Score
Visual Motor Integration	
Visual Perception	
Motor Coordination	

Handwriting: Detailed Assessment of Speed of Handwriting (DASH/DASH 17+)

Date of Administration	
	Standard Score/Other
Total Test Score	
Copy Speed Difference	
% Illegibility	
Graphic Speed	

Handwriting Sample Included:

Yes

No

Date of Handwriting Sample:

Please specify if Handwriting sample was taken during Exam/School work/Homework task:

Sensory Processing: Sensory Profile 2, Adult/ Adolescent Sensory profile (AASP)

Date of Administration		
Quadrant	Raw Score	Interpretation
Sensation Seeking		
Sensation Avoiding		
Low Registration		
Sensory Sensitivity		

Other test/s Administered

Date of Administration	
Name of test	
Standard Score	

Other test/s Administered

Date of Administration	
Name of test	
Standard Score	

In the light of the above assessment results please give a summary of the functioning limitations the candidate is experiencing in the educational setting and his/her needs for exam access arrangements. Include any other information you consider relevant.
