OXFORD TEST OF ENGLISH

Reasonable Adjustments Request Form

This form is for requesting reasonable adjustments for the Oxford Test of English. Part 1 must be completed by the test taker; Part 2 must be completed by the Test Centre Manager.

Before completing the form, test takers and Test Centre Managers should read the Oxford Test of English Reasonable Adjustments Policy, try the free online demo and visit the Reasonable Adjustments section of the Oxford Test of English website.

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THE OXFORD TEST OF ENGLISH IS CERTIFIED BY THE UNIVERSITY OF OXFORD

Oxford University Press must receive the completed form and supporting evidence at least **six weeks** before the test date.

OUP will normally provide a decision to your approved test centre two weeks before the test session date.

Part 1 — to be completed by the test taker

Section 1

TEST TAKER DETAILS	
Full name	
Email address	
Date of birth	
ID Document number	
Test product	Oxford Test of English

Section 2

Please tick ☑ the disability or learning difficulty that you are requesting a reasonable adjustment for (you may need to select more than one box).

☐	Dysgraphia	☐	Speech, language and communications needs
☐	Dyslexia	☐	Hearing loss / deafness
☐	Dysorthographia	☐	Sight loss / blindness
☐	Dyspraxia	☐	Physical disability
☐	ADHD / ADD	☐	Long-term health condition
☐	Autistic Spectrum Disorder	☐	Other (Please give details below.)

If you have selected **Other** in Section 2, please use the box below to provide further details.

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Section 3

OUP currently provides the following adjustments (see the Oxford Test of English Reasonable Adjustments Policy for further details). If you require an adjustment not listed below, please tick **Other** and provide details. OUP will try to accommodate your request but cannot guarantee that it will be possible to do so.

Please tick ☑ the accommodations you would like to request for the test you are taking.

OXFORD TEST OF ENGLISH / OXFORD TEST OF ENGLISH FOR SCHOOLS

	Individual test room		Electronic device for medical use
	Practical assistant (all modules)		Breaks between modules
	Scribe (Writing module)		25% extra time in the Speaking module
	Reader (Speaking and Writing modules)		25% extra time in the Listening module
	Prompter (all modules)		25% extra time in the Reading module
	Physical requirements, e.g. wheelchair access / adapted seating requirements		25% extra time in the Writing module
	Medicine		Other (Please give details in the box below.)

OXFORD TEST OF ENGLISH ADVANCED

	Individual test room		Electronic device for medical use
	Practical assistant (all modules)		Breaks between modules
	Scribe (Listening and Writing modules)		25% extra time in the Speaking module
	Reader (Speaking module)		25% extra time in the Listening module
	Prompter (all modules)		25% extra time in the Reading module
	Physical requirements, e.g. wheelchair access / adapted seating requirements		25% extra time in the Writing module
	Medicine		Other (Please give details in the box below.)

If you have selected **Other** in Section 3, please use the box below to provide further details**.**

Section 4

Please explain how the adjustment(s) you have requested in Section 2 reflects your normal way of working, e.g. *Because I have dyslexia, I receive 25% extra time at school for tests or exams.*

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Section 5

Please tell us what type of supporting evidence you have provided, e.g. *a medical report.*

Please tick ☑ the type of evidence you have provided.

	Medical report		Reading assessment
	Psychologist's report		Writing assessment
	Educational institution assessment		Other (Please give details in the box below.)

If you have selected **Other** in Section 5, please use the box below to provide further details**.**

Please add any other information your test centre will need to prepare for your test in the box below, e.g. *if you have physical access requirements, what arrangement / assistance will you need the test centre to provide?*

	I confirm that the information given on this form is correct.
	I have provided supporting evidence, e.g. a medical report.

Test taker signature		Date dd/mm/yyyy	

Now give this form and any supporting evidence to your test centre to complete the next section.

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Part 2 — to be completed by the Test Centre Manager

Section 6

TEST CENTRE MANAGER DETAILS	
Test centre name	
Test centre ID	
Test centre manager's full name	
Test centre manager's email address	

Section 7

Supporting Evidence

I have seen original evidence to support the request(s) outlined in this form and have attached a copy.	Yes

I can confirm that the information given in supporting evidence covers the following:	
	The date the evidence was issued and, where relevant, the date it remains valid until.
	The name of the person / institution issuing the evidence.
	A brief outline of the disability / learning difficulty and its impact on taking the test.

I can confirm that:	
	I can accommodate the test taker's request(s) at this test centre. *If not, please leave box unticked.*
	The disability / learning difficulty will still affect the test taker on the proposed date of their test session.
	I certify that all the information in this form is true and complete.

Test centre manager's signature		Date dd/mm/yyyy	

Once complete, please email this form and scanned copies of any supporting evidence to **otesupport@oup.com**.

Our Privacy Policy explains how Oxford University Press handles your personal information. This includes your right to tell us that you do not want your personal information used for marketing or processed as part of our business activities.

We will only use your personal information to process this request.

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