RECORD OF STUDENT EXEMPTION

2015 NATIONAL ASSESSMENT PROGRAM – LITERACY AND NUMERACY

State: South Australia

To be completed by the school principal and stored at the school

General information

- The principal may approve a student exemption for a student who has a:
  - non-English speaking background and has arrived in Australia from overseas after May 2014
  - significant intellectual disability and/or significant co-existing conditions which severely limit capacity to participate in the tests
- The Disability Standards for Education (2005) set out the rights of a student with a disability in relation to education and the obligations of school education providers under the Disability Discrimination Act 1992. Within this legislation, the definition of disability is broad and includes physical, intellectual, psychiatric, sensory, neurological and learning disabilities.
- A student who has a significant intellectual disability must not be exempted automatically, but may be given the opportunity to participate when requested by parents.
- A signed copy of this exemption must be kept by the school principal.
- For further advice and support regarding student exemptions please telephone your sector:
  - DECD: Special Education Resource Unit — 8235 2871
  - CESA: Senior Education Adviser, Special Education — 8301 6890
  - AISSA: Educational Consultant — 8179 1425
- The school principal is responsible for recording student exemptions on the Student Participation Website.

Please complete exemption details by 8 May 2015.

School name: _______________________________

Details of student being exempted:

Surname of student: _______________________________

First name of student: _______________________________

Unique Student ID: _______________________________

Year level: □ 3 □ 5 □ 7 □ 9

Exemption applies to (tick appropriate boxes):

□ Language Conventions □ Writing □ Reading □ Numeracy

The above student is granted formal exemption for the following reason:

______________________________________________

Parent/caregiver’s signature: _______________________________

Principal’s signature: _______________________________ Date: ________