**EX4a Reasonable Adjustments**

The invigilator must confirm the application of the reasonable adjustments requested by the centre and authorised by us as the Awarding Body.

|  |  |
| --- | --- |
| **Candidate Name** |  |
| **Centre Name** |  |
| **Examination/Assessment Title** |  |
| **Date of Examination** |  |

|  |
| --- |
| **Please list Reasonable Adjustment(s) applied** |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **Invigilator Name** |  |
| **Invigilator Signature**  |  |
| **Date** |  |

This form **must** be attached to the candidate script when it is sent to the examiner for marking or forwarded directly to us with the Invigilation Pack for onscreen tests.