Application for Special Needs Provision at School

You may apply for your studies and your exams to be adapted if you have a disability or a medical condition that leaves you at a substantial disadvantage. Such adaptation shall seek to compensate for the disadvantages engendered by your disability or medical condition.

The special needs provision shall not be so extensive that it gives you an advantage compared with other students. Students shall have their skills and knowledge tested on a par with the other students, pursuant to the requirements laid down in the curriculum.

This means you will not automatically be granted the adjustments you request.

Required documentation

The need for special needs provision must be attested to by a doctor or other relevant expert. For your application to be processed, the "Doctor's or Expert's Statement" form (see p. 2) must be attached to it. The doctor or expert must provide a brief assessment of the condition's or disability's scope and duration, and indicate its consequences for your ability to study. Applications for special needs provision on the grounds of reading and writing difficulties will require an extensive report from an expert.

Deadline

Last name:

Address:

E-mail:

Place and date

Contact the Academy as early as possible during the semester. You can contact the senior executive officer at your department for guidance. Alternatively, you can send an application directly to postmottak@khio.no. All enquiries shall be treated in confidence.

First name:

Postal code:

Tel.:

Student no.:

City/town:

Applied before (yes/no):

The student's signature

Academic programme:						
I am applying for special needs provision dur (tick a box):	ng my entire a	academic career because of the f	ollowing			
ADHD	Psyc	chosocial difficulties				
Impaired movement	Visu	al impairment or blindness				
Dyslexia	Hea	ring difficulties or deafness				
Asperger	Othe	er				
	<u>-</u>		•			

Send the application to postmottak@khio.no with the subject line "Studieseksjonen/Søknad om tilrettelegging i studiehverdagen" ("Section of Academic Affairs/Application for special needs provision at school").1

¹ The normal processing time is two weeks after the application and documentation have been received.

Doctor's/Expert's Statement

This statement is to be used in conjunction with an application for special needs provision at school.

The information in this form is exempt from public disclosure pursuant to section 12 of the

Freedom of Information Act and section 13.1(1) of the Public Administration Act.

To be filled in by a doctor/specialist:

Personal ID no. (11 digits):					
First name:	Firs	First name:			
Description of the illness/ disability /diagn	osis:				
Does the illness significantly impact the stu	udant's ahi	lity to study? (tick a	Yes	No	
box):	duciit 3 abi	ity to study: (tick a	103	110	
Is the student being treated? (tick a box):			Yes	No	
The condition is (tick a box): Chronic): Chronic Acute			The condition is (tick a box):	
How does the illness limit the student's ab	oility to stud	dy:			
Recommended measures:					

	Date:	Doctor's/	expert's signature and	ıd stamp:
--	-------	-----------	------------------------	-----------