

Principal signature:



National Assessment Program – Literacy and Numeracy (NAPLAN) 2022 ADJUSTMENT FOR INJURY OR TEMPORARY DISABILITY

Application to be	e submitted prioi	to th	e studen	LSILI	ung t	ne i	iesis			
Print and complete this form with the principal's signature, then scan and return by email to: naplan@scsa.wa.edu.au Telephone enquiries: 9442										
STUDENT GIVEN NAMES:										
STUDENT FAMILY NAME:										
STUDENT YEAR LEVEL:	DATE OF BIRT	Н:	1			/				
WEST AUSTRALIAN STUDENT NUMBER (WASN):										
SCHOOL NAME:										
SCHOOL PHONE NO:		SCHOOL CODE:								
NAPLAN COORDINATOR EMAIL:										
 Adjustments for temporary injury are made in accordance with the protocols stated in Section 6 of the NAPLAN Handbook for principals and NAPLAN coordinators. Schools are required to have documented evidence of the injury or temporary disability. WRITING TEST SCRIBES ARE NOT PERMITTED FOR STUDENTS WITH INJURY OR TEMPORARY DISABILITY 										
Injury		Adjustment requested for this student								
Indicate the nature of the injury or te	mporary disability	A scrib	e may not b with an in							lent

Office use only. HPRM ref: Approved: Date:

(print name)

(sign)

Date: