

Appendix 1

SQE student support notification form

Requests should be submitted at the time of enrolment or at least **30 working days before the start of your course** to ensure arrangements can be put in place.

This request is for SQE Prep Course support only. Support requests for the SQE assessments must be sent separately and directly to Kaplan.

You will need to complete this form if:

- You have a long-standing condition (for instance, if you have dyslexia or dyspraxia, a physical or sensory impairment, mental health difficulties, or a long-term medical condition) OR you have a temporary condition or injury which might affect your studies; and
- You require adjustments to be made to support you in your studies.

Note: You may have taken courses previously with adjustments such as extra time or enlarged font materials etc. If you require this kind of provision for any BARBRI course, you will need to apply using this form. Please note that the SQE course is mainly online so your requirements might be different to those for classroom-based courses: your Personal Study Plan already has some built in assistive technology functionality such as closed captions and the ability to speed up or slow down lectures.



You must supply documentary evidence with this application. Details of the acceptable evidence can be found in our Student Handbook.

To be able to accommodate any reasonable adjustments, we will need to have at least 30 working days' notice. If this deadline is not met, it might not be possible to make appropriate arrangements and your course may need to be deferred.

Please return this completed form with documentary evidence to: UKStudentAdjustments@barbri.com

I declare the information given on this form and in the documentary evidence provided is a true statement of the facts to the best of my knowledge and belief.

Signature: _____ Date: _____

Office use only

Evidence held by Student Support confirmed as appropriate: Y N

Arrangements requested supported by DDS: Y N

Request processed by:

Print Name: _____ Date: _____

Full name _____ Mr Mrs Miss Ms

Sponsor Name (if applicable) _____ Student Number _____

Reason for application

1. Disability: tick as many boxes as applicable and describe below

Dyslexia

Deaf/hearing impairment

Other specific learning difficulty

Long standing illness/health condition

Social/communication impairment
e.g. Asperger's, Autistic Disorder

Mental health condition

Blind/visual impairment

Please provide details of your disability or condition:

2. Temporary condition or injury (please describe):

Arrangements requested based on recommendations / previous support: tick box and circle option

- | | |
|--|--|
| <input type="checkbox"/> Extra time for mock exams*
*Please specify amount
----- | <input type="checkbox"/> Use of [scribe / reader] |
| <input type="checkbox"/> Rest breaks [5 / 10 mins/hr] | <input type="checkbox"/> Use of assistive technology |
| <input type="checkbox"/> Alternative format for printed materials
[blue / pink / yellow / green / lilac / large font] | <input type="checkbox"/> Room equipment for classroom-based
sessions – [adjustable chair / writing slope] |

Other arrangements (please specify):