

Please read the notes overleaf before cor may be attached to this form 1. Examination (PSLE, JCE or BGCSE)	npleting this for	rm. If necessar Year	ry additional sheets
2. Centre Details			
Centre Name:		Candidate Nu	ımber:

3. Candidates with Special Needs

Special Needs Type	Number of candidates
Hearing impairment	
Deaf	
Hard of Hearing	
Visual Impairment	
Braille User	
Low Vision	
Colour Blind	
Learning disability (Please specify)	
Medical Condition	
Other (Please specify)	
Total Number of candidates	

4. Pre-Inspection on Access Arrangements



Sign language Interpreter	
Invigilators	
Number of rooms assigned candidates with special	
U I	
needs	
Number of recording devices for oral response	
candidates	
Canuluales	
Clocks for the assigned rooms available	
•	
External noise, lighting, temperature appropriate for	
candidates with special needs candidates	
candidates with special needs candidates	
Rover assigned special needs candidates	
-	
All rooms for candidates with special needs inspected	
• •	
Centre is familiar with the guidelines and expectations	
for access arrangements	
Tor access arrangements	
Candidates with special needs have been briefed and are	
familiar with the arrangements for them during	
examinations	
Number of scribes appointed	
Number of rooms assigned candidates with special	
needs	

5. Overall Comments and Recommendations



Name of Head of Centre:	Signature:
Name of Chief Invigilator:	Signature:
Date:	Tel:

Name of Inspector:		
Designation: BEC Officer Regional Examinations Administr Other (Please specify) 	ator(REA)	
Signature:	Date:	Tel: