

Reasonable Adjustment Form (RAF)

LEARNER TO COMPLETE

1. Learner Request

Learner Request received by:		<input type="checkbox"/> Text/Phone <input type="checkbox"/> Email <input type="checkbox"/> In person		
Learner Name:				
Course Name:				Group Number:
Trainer/Assessor Name:				
Reason for Adjustment:		<input type="checkbox"/> Literacy or numeracy issues <input type="checkbox"/> Family responsibilities/Sole parent <input type="checkbox"/> Dyslexia <input type="checkbox"/> Lower level of education <input type="checkbox"/> Non English Speaking Background (NESB) <input type="checkbox"/> Recently returned to workforce/study <input type="checkbox"/> Disability <input type="checkbox"/> Differing cultural background <input type="checkbox"/> Medical Reasons - medical certificate must be provided <input type="checkbox"/> Other - please specify below Explain reason: (if applicable)		
Are you requesting an adjustment for all units of competency in your course?		<input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please list relevant units of competency below		
Unit Code	Unit Name	Date Attended (if applicable)	Assessment Due Date	Approved Adjusted Due Date (Trainer use only)
Extension Length requested:		<input type="checkbox"/> None <input type="checkbox"/> 1 week <input type="checkbox"/> 2 weeks <input type="checkbox"/> 3 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> Other _____		
I request the above reasonable adjustment and understand that it will only be effective when I receive approval from my trainer				
Learner Signature: (only for In Person requests)				Date:
Staff Signature: (only for Text/Phone/Email requests)				Date:



2. Trainer/Assessor Decision

TRAINER USE ONLY

LLN Test Results reviewed:	<input type="checkbox"/> YES <input type="checkbox"/> NO Please note any items requiring attention below:		
Adjustments to be made	<input type="checkbox"/> Extend Assessment Due Date (specify next to unit above) <input type="checkbox"/> Conduct verbal assessment <input type="checkbox"/> Use demonstration in conjunction with writing <input type="checkbox"/> Use diagrams as visual cues <input type="checkbox"/> Use demonstration/role play <input type="checkbox"/> Use an interpreter, support worker or scribe to write down learner's answers <input type="checkbox"/> Conduct training sessions and assessments to accommodate school holidays, cultural practices, religious <input type="checkbox"/> Other - please specify below:	<input type="checkbox"/> Provide mentoring sessions for additional support <input type="checkbox"/> Be aware of disabilities/medical conditions <input type="checkbox"/> Provide catch up sessions to accommodate special religious and cultural practices <input type="checkbox"/> Meet personal equipment requirements <input type="checkbox"/> Be aware of health issues that affect learning abilities <input type="checkbox"/> Provide support to increase computer skills <input type="checkbox"/> Ensure timing and place of assessment does not clash with family/care responsibilities	
Do any of the Assessment Tools need to be contextualised, mapped and validated?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, trainer must update the Assessment Tool/s, complete the Mapping and arrange a Validation Meeting for validation to occur before the Assessment Tool/s is/are used.	
<ul style="list-style-type: none"> I have assessed the learner's individual learning requirements and approve the implementation and monitoring of the above adjustments I understand that any adjustments must not compromise the integrity of the course, as per the requirements of the MAXIMA Reasonable Adjustment Policy. I understand that any content changes to the Assessment Tools must be mapped and validated prior to use. 			
Trainer/Assessor Name:			
Trainer /Assessor Signature:		Date:	

Office Use Only		Date:	Initials:
	Entered on VETtrak as an event		
	Scanned and uploaded to VETtrak		
	Scanned and uploaded to Student File / Filed in Personal File		
	Assessment Tools scheduled for validation (if applicable)		

**PLEASE FORWARD
COMPLETED FORM TO THE
ADMIN TEAM
OR EMAIL TO
training@maxima.com.au**