

## Special Requirements Form

To be filled by candidate, or, if underage, by his/her parents/guardians with the “NEE” expressing the wish of sitting an adapted exam:

Candidate's full name, surname and signature:

Candidate's ID (if over 14):

Parents'/ Tutors' complete name and surname and signatures:

Parents'/ Tutors' ID:

Candidate's Date of Birth:

Date of the exam:

Registered level (Tick the corresponding level):

YLE		MainSuite	
Pre A1 Starters		A2 Key for Schools	
A1 Movers		B1 Preliminary for Schools	
A2 Flyers		B2 First for Schools	
		A2 Key	
		B1 Preliminary	
		B2 First	
		C1 Advanced	
		C2 Proficiency	

Adaptation cause (hearing impairment, visual impairment, autism, ADHD, etc.):

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Appropriate Summary of the candidate's needs and wished adaptations. **(THIS MUST BE COMPLETED IN ENGLISH).** Application will only be considered if received in English.

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### Mandatory:

- Attach medical report **(this can be attached in Spanish or English)**
- Send by e-mail, before the registration deadline to the school's BEDA coordinator, who must re-send it to [yle@ferececa.es](mailto:yle@ferececa.es) (Young Learners) or [mainsuite@ferececa.es](mailto:mainsuite@ferececa.es) (KEY – Proficiency) according to the registered level.
- The centre must provide a teacher or trusted person (e.g. in cases of autism), who is not an English teacher, to be with the candidate throughout the exam.