

Application to Serve as a Special Writing Centre Supervisor 2020–2021

(Please PRINT/TYPE)

1. Student Information

Alberta Student Number - -	Student First Name and Surname
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2. Applicant's Name and Contact Information at the Proposed Special Writing Centre

First Name	Surname	Title/Role in the Organization	
Name of Institution or Organization Where Employed		Type of Institution or Organization	
Building Name (If applicable)	Office/Room Number	Street Name and/or Number	
Town/City	Province/State	Country	Postal or Zip Code
Phone Number (Include Area Code & Extension # – e.g., 555-555-5555)		Email Address	

3. Confirmation of Ability to Serve as a Special Writing Centre Supervisor

I fluently read and write the language of the diploma exam(s) to be administered (English and/or French, depending on the diploma exam)

I have read and understand the rules and procedures associated with the establishment and writing of a provincial assessment at a Special Writing Centre

I have reviewed the provincial assessment schedule for the administration in which the student is proposed to write and will be available to:

identify and tentatively procure an appropriate site for the administration of provincial assessments

administer provincial assessments in accordance with the schedule, rules and procedures specified in the

[Diploma Examinations Program General Information Bulletin](#)

administer the provincial assessment utilizing Quest A+ with proficiency

4. Proposed Special Writing Centre Site Information

Detailed description of the room where the provincial assessment (s) would be securely and appropriately administered (include room or office number):

Photograph(s) of the proposed **secure provincial assessment writing room** are attached

A letter from my employer, on official business letterhead, authorizing the use of the proposed spaces for Special Writing Centre purposes, and confirming their tentative procurement for the dates and times required for that use, is attached

First Name and Surname of Person Authorized to Approve the Use of This Space	Title/Role in the Organization
Phone Number (Include Area Code & Extension # – e.g., 555-555-5555)	Email Address

Applicant's Declaration:

I am currently employed at the location that is proposed to serve as a Special Writing Centre

I have read the provincial assessment and Special Writing Centre rules and procedures and affirm that I am willing and able to honour and enforce them

I am not a relative or friend or past or present teacher or coach of the student and I have no other personal relationship with the student and/or his or her family

I am not a relative or friend of, and have no other personal relationship with the persons who have provided letters of confirmation in support of this application

The information on this form is accurate and complete

Applicant's Signature

Date

The personal information collected on this form is being collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act*, and will be used to administer and process the writing and/or rewriting of diploma exam(s) at a Special Writing Centre. It will be treated in accordance with the privacy protection provision of **Part 2** of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, contact the Director, Exam Administration, at (780) 643-9157 (toll free connection 780-310-0000).

This form must be submitted to: Special Cases and Accommodations Team, Alberta Education.

Email this form and direct all questions to: special.cases@gov.ab.ca using the subject line:

SWC Surname, First Name ASN – your school code and school name

(e.g., Headroom, Max 123456789 – 9999 - Ben Hur High School).

