

# Teacher Confirmation of Student Readiness to Write a Diploma Exam at a Distance Learning Special Writing Centre 2020–2021

To be completed by a student's teacher if the student is currently completing a diploma course for which they have requested approval to write a diploma exam at a Special Writing Centre

## 1. Diploma exam administration for which this confirmation applies:

November 2020      January 2021      April 2021      June 2021      August 2021

## 2. Student Information (Please PRINT/TYPE)

Alberta Student Number - -		Year Date of Birth (e.g., 95 Jul 20)	Month	Day
Surname (Last Name)			Legal First and Middle Name(s)	
Current Mailing Address (Apt/Street/Ave/P.O. Box/Route)		Village/Town/City		Province
				Postal Code

## 3. Student's Course Progress Information

Course Name	School Final Test Date (Day and Month)	Diploma Exam Date (Day and Month)
Diploma Course Enrolment Date (Month and Year)	% of Coursework & Assignments Currently Completed	Current Aggregated Course Mark in %

Given the student's current diploma course mark, percentage of coursework completed, demonstrated ability level and effort and work/study habits demonstrated to date, in my professional judgment, the above-named student has a reasonable likelihood of:

**Yes No**

- Completing the required coursework prior to the scheduled date of the final school-based test for this diploma course
- Achieving a passing grade on the final school test for this diploma course if the exam is written on the scheduled date
- Achieving a passing diploma exam mark if the diploma exam is written in the proposed exam writing administration

## 4. Teacher Declaration and Information

I support this student's request to write the aforementioned diploma exam at the proposed writing administration

If this student is approved to write the aforementioned diploma exam at the requested diploma exam administration and Special Writing Centre, I will submit their final school-awarded mark for that diploma course by the deadline date

I have discussed the information I am providing on this form with the student before submitting my response

Teacher's Name	School Name and School Code		
Phone Number (Include Area Code—e.g., 555-555-5555)	Extension	Email Address	

Signature of Teacher

Date

## 5. Principal's Information

Principal's Name	Phone Number (Include Area Code—e.g., 555-555-5555)	Email Address
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Signature of Principal

Date

The personal information you provide on this form is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP)* and is managed in accordance with Part 2 of FOIP. The information you provide will be used for the purposes of administering and processing diploma exams at a Special Writing Centre. Your personal information will not be used or disclosed for any other purpose, without your written consent or unless required to do so by law. Should you wish to have your information removed, corrected or have concerns, please contact us at 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, by email to [special.cases@gov.ab.ca](mailto:special.cases@gov.ab.ca) using the subject line

**SWC Last Name, First Name ASN – your school code and school name**  
(e.g., SWC Headroom, Max 123456789 – 9999 - Ben Hur High School).

