## **CAEC Accommodations Request Form - Alberta**

Accommodations are targeted supports for candidates that are related to a medically diagnosed condition or extenuating circumstances as determined by the jurisdictional CAEC administrator.

circumstances as determined by the jurisdictional CALC administrator.			
Candidate Name:			
Phone Number:		Email:	
Alberta Student Number (ASN):		Date of Birth:	
Address:			
STREET	(NUMBER AND NAME)	APARTMENT NUMBER	PO BOX
CITY PROV		INCE/TERRITORY	POSTAL CODE
Testing Centre Code:		Testing Centre Name:	
Candidate's Signature:		Date:	
Requested Accommodation	on		
Input assistance/Scribe			
Braille			
Line readers			
Reader			
Other (please specify):			

## **Reason for Accommodation**

CAEC Testing Service Use Only Accomodation Approved:			
Input assistance/Scribe			
Braille			
Line readers			
Reader			
Other (please specify):			
CAEC Administrator Signature:	Date:		

Personal information collected on this form is for the purpose of determining if a special accommodation(s) can be approved for the Canadian Adult Education Credential Exam (CAEC). This collection is authorized by section 33 (c) of the Freedom of Information and Protection of Privacy Act. For questions about the collection of personal information, contact Alberta Education at 10044 108 St NW Edmonton, AB, T5J 3S7 or Corey Baker the Acting Director of French Assessment/CAEC Testing Service by email at <a href="mailto:corey.Baker@gov.ab.ca">corey.Baker@gov.ab.ca</a> or by phone at 780-238-7116.