

REQUEST FOR SPECIAL FORMAT ASSESSMENTS

January 2019 Session..... Due Date October 5, 2018		
June 2019 Session..... Due Date March 1, 2019		
STUDENT'S LEGAL FIRST NAME	STUDENT'S LEGAL LAST NAME	STUDENT'S PERSONAL EDUCATION NUMBER (PEN)
8 DIGIT SCHOOL MINISTRY NUMBER *	SCHOOL CONTACT NAME	SCHOOL CONTACT EMAIL
SCHOOL NAME AND ADDRESS		

*All schools independent and public have an 8 Digit School Ministry Number

Provide all necessary information [✓]:

JANUARY 2019 SESSION - INDICATE THE ASSESSMENT(S) REQUIRED

JUNE 2019 SESSION - INDICATE THE ASSESSMENT(S) REQUIRED

REQUEST DUE DATE: OCTOBER 5, 2018

REQUEST DUE DATE: MARCH 1, 2019

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EN 12 COM 12 Numeracy

Braille:

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French Version(s) (specify) _____

French Version(s) (specify) _____

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Bold

Bold

SPECIAL INSTRUCTIONS:

SPECIAL INSTRUCTIONS:

Signature: _____
Vision Teacher/Designated School Contact

Date: _____

RETURN COMPLETED FORM TO PROVINCIAL RESOURCE CENTRE FOR THE VISUALLY IMPAIRED (PRCVI)

BY FAX 604.269.0495

EMAIL SHANNIGAN@PRCVI.ORG

OR MAIL

#106-1750 WEST 75TH AVE

VANCOUVER BC V6P 6G2

ATTENTION LIBRARY SYSTEMS COORDINATOR

- If you have not received an email confirmation from PRCVI within 3 business days of sending request, contact Susan Hannigan at shannigan@prcvi.org or call 604.269.2206