

REQUEST FOR SPECIAL FORMAT GRADES 10, 11 AND 12 EXAMS

This form must be completed for each exam session.

January 2010 Exam Session Due Date: **OCTOBER 2, 2009**

June 2010 Exam Session Due Date: **MARCH 5, 2010**

Please fax to PRCVI at (604) 269-0495

Student Last Name	Student First Name	Student PEN _____
School Name and SD No.	School Phone Number	School Fax Number
School Contact Name	Exam Administrator's Name	Email Address
Exam Session (✓ one only) <input type="checkbox"/> January <input type="checkbox"/> June		
<p>Please provide all necessary information for Braille exams:</p> <p><input type="checkbox"/> Braille (Indicate exams required) French version(s) Specify: <input type="checkbox"/> Contracted Braille <input type="checkbox"/> Uncontracted Braille Exam Subject/Grade: _____ _____</p>		
<p>Please provide all necessary information for large print exams:</p> <p><input type="checkbox"/> Large Print (Paper Copy) Indicate exams size font style and, if bold is required. Exam Subject/Grade: _____ Size: <input type="checkbox"/> 18 pt <input type="checkbox"/> 20 pt <input type="checkbox"/> 22 pt <input type="checkbox"/> 24 pt <input type="checkbox"/> 26 pt <input type="checkbox"/> _____ Font: <input type="checkbox"/> Arial <input type="checkbox"/> Times New Roman <input type="checkbox"/> Bold Special Instructions: _____</p>		
Signature: _____ Vision Teacher/Designated School Contact		Date: _____
<p>Return to: Provincial Resource Centre for the Visually Impaired (PRCVI) #106 – 1750 West 75th Avenue, Vancouver, BC V6P 6G2 Susan Hannigan, Library Systems Coordinator (604) 269-2206 or shannigan@prcvi.org</p>		