Politecnico di Torino

**IELTS** Test: **Special Arrangements** request form

Send this form **together with your medical documentation** to [**ih.ielts@ihmilano.it**](mailto:ih.ielts@ihmilano.it) **7 weeks before the test date**. **Late requests may not be accepted.**

**Fill in the form electronically. Do not hand write your answers. All questions are mandatory.**

This request is directly reviewed **by IH MILAN**.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FIRST NAME |  | | | LAST NAME | | |  | | | |
| DATE OF BIRTH | D | D | M | | M | Y | | Y | Y | Y |
|  |  |  | |  |  | |  |  |  |
| EMAIL ADDRESS |  | | | | | | | | | |
| PHONE NUMBER |  | | | | | | | | | |
| HAVE YOU EVER TAKEN IELTS? | | | | YES | | | NO | | | |
| CHOSEN TEST DATE | D | D | M | | M | Y | | Y | Y | Y |
|  |  |  | |  |  | |  |  |  |

**Why** are you making this request? **Select** the **relevant options**.

Blindness

Visual difficulty

Hearing difficulty

Speaking difficulty

Physical difficulty

Specific Learning Difficulty – Dyslexia

Specific Learning Difficulty – Dysorthographia

ADHD

Autism

Aspergers

Other:

Briefly describe any **relevant aspects related to your condition that will support** your request for the **Special Arrangements** indicated below:

|  |
| --- |
|  |

**What type** of **Special Arrangements** do you need? You can choose **more than one option**.

**Extra time** for the **Reading and Writing sections** and to **transfer** the

**answers** in the **Listening section**

**Extra time** for the **Speaking test**

**Reader** (a person who reads your questions)

**Amanuensis** (a person who writes your answers)

**Supervised breaks**

Use of **PC** (**without** spell check or word count) for the **Writing section**

and for the **Listening & Reading answer sheets**

Have you attached medical evidence for your request?  Yes

Date: 29 July 2024