Politecnico di Torino

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

Send this form **together with your medical documentation** to **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