



GOVERNMENT OF THE REPUBLIC OF TRINIDAD & TOBAGO  
**MINISTRY OF EDUCATION**  
 Education Towers #5 St. Vincent Street, Port of Spain, Trinidad

**APPLICATION FOR SPECIAL CONCESSIONS**  
 (PARENT QUESTIONNAIRE)

**PARENT QUESTIONNAIRE**

Name of Examination: \_\_\_\_\_ Examination Year: \_\_\_\_\_  
(NLA SEA PSLCE NCSE)

Student's Surname:

Student's First Name:  Middle Initial:

Gender: Male  Female  Date of Birth:          
Y Y Y Y M M D D

Birth Certificate PIN Number:

Name of Parent/Guardian:

Contact of Parent/Guardian:

Name of School:

Age of Entry into Primary / Secondary School: \_\_\_\_\_

Class at Entry: \_\_\_\_\_ Current Class: \_\_\_\_\_

**PARENT QUESTIONNAIRE**

1. Why are you requesting a concession for your child? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. How long has this condition existed? \_\_\_\_\_

3. Has your child been professionally diagnosed?  Yes  No

If Yes, State the Confirmed Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_

Date of Original Diagnosis:    

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Y Y Y Y      M M      D D

Name of District Medical Officer/Consultant/Qualified Professional:

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Date of Most Recent Report:    

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Y Y Y Y      M M      D D

Name of District Medical Officer/Consultant/Qualified Professional:

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4. What has been done at home/school to support your child with the condition? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**PARENT QUESTIONNAIRE**

**5. How has your child benefited from these accommodations/provisions?**

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I acknowledge that a student who regularly benefits from alternative arrangements/curricular accommodations, or who has previously received examination concessions, does not automatically qualify for the equivalent special arrangements at NLA, SEA, PSLCE and NCSE.

**Nature of Concession Requested**

	SUBJECT	CONCESSION REQUESTED
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

I solemnly declare that to the best of my knowledge and belief, all statements made in the submission of this application are true.

\_\_\_\_\_  
Name of Parent/  
Guardian

\_\_\_\_\_  
Signature of Parent/  
Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/  
Guardian

\_\_\_\_\_  
Signature of Parent/  
Guardian

\_\_\_\_\_  
Date