THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
SARASOTA HIGH SCHOOL
2155 BAHIA VISTA STREET, SARASOTA, FL 34239
PHONE (941) 955-0181

CAMBRIDGE ASSESSMENT ACCESS ARRANGEMENTS

Instructions: Read the information below before completing a request form.

All completed paperwork must be submitted electronically to the AICE Coordinator by October 9, 2026 (deadline). Incomplete paperwork will not be processed.

"Access arrangements" are pre-exam accommodations made on behalf of a candidate with particular needs. The purpose of an access arrangement is to remove any unnecessary barriers to the standard assessment, without compromising the standards being tested, so that the candidate can receive recognition for their attainment without compromising the integrity of the examination. Access arrangements ensure that all candidates have equal access to exams.

Students who hold a current 504 plan, Individual Education Plan (IEP) plan, or medical note on file in the clinic can request accommodations on Advanced International Certificate of Education (AICE) exams. The accommodation must be stated on the 504 or IEP, and the accommodation must the normal way the student operates in the classroom.

Cambridge requires medical/professional recommendations be **documented** (dated within 36 months of the exam) and **be on file on campus**. They require us to hold documentation showing that a professional has made a recommendation for extra time on an exam and that the student's disability is a significant barrier to assessment. They are looking for documentation that outlines that very specifically.

Submit the following three documents by the deadline, October 9, 2026. All documents should be emailed to the AICE Coordinator at, Kristina.Harshman@sarasotacountyschools.net.

- ☐ Completed Cambridge Assessment Access Arrangements (this form). All sections must be completed and both student and parent must sign the last page.
- ☐ Current 504, IEP, or clinic note. This must be dated within the last 36 months. The accommodation must be listed under “testing accommodations.”
- ☐ Current note from a medical provider indicating the need for the accommodation on AICE exams. This must be dated within the last 36 months. This can be from a specialist or a primary care physician.

Distribution: Original – Student File Copy – Parent/Guardian

CAMBRIDGE ASSESSMENT ACCESS ARRANGEMENTS

Student Name (Print) _____ Student No. _____ Grade Level _____

Centre Number | U | S | 2 | 1 | 3 |

Candidate Number 11th/12th Graders | | | | |

AICE exams you are taking (Indicate AS or A-level):

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

☐ I have read and understand the requirements for requesting access arrangements on Cambridge AICE Exams. I am declining to request access arrangements for my student on AICE Exams. Proceed to the last page of this document and sign the last page of the form. Return the signed form to the AICE office (13-226)) by October 9, 2025.

☐ I have read and understand the requirements for requesting access arrangements on Cambridge AICE Exams. I would like to request access arrangements for my student on AICE Exams. I understand that I must provide recent documentation, and I understand that Cambridge has the right to deny my student the accommodations that they may normally receive in their US classroom. Complete the rest of this form and return to the AICE office (13-226) by October 9, 2025.

SECTION A - Access Arrangements: These are the Center-delegated access arrangements (accommodations) offered by our school for Cambridge exams. Put a check in the box of the arrangement(s) requested.

The access arrangements below apply to learning difficulties:

☐ 25% extra time ☐ Supervised rest breaks

☐ Health monitoring device ☐ Word processor (must be listed in 504/IEP/Medical Note)

SECTION B - Barriers to Assessment:
What is the student's disability/diagnosis? _____

_____

In the space below, explain how the student's disability /diagnosis is a barrier to assessment. Be sure to describe how the candidate's ability to be assessed is negatively impacted by their condition. (e.g., visual impairment results in student's inability to read standard sized font, dysgraphia requires additional time and word processor for written exams, etc.)

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Student Name (Print) _____ Student No. _____ Grade Level _____

SECTION C - History of Assessment Accommodations:

List current accommodations on assessments and awarding body. (e.g., 25% extra time on SAT - College Board, etc.):

_____

_____

In the box below, describe how often and in what circumstances the candidate uses allowed accommodations in testing situations. You may include classroom assessments and standardized tests such as Florida Assessment of Student Thinking (FAST). (e.g. The student typically uses 25% extra time on half of the tests he/she takes in the classroom and always uses the full 25% extra time on standardized tests that require written responses.)

SECTION D – Evidence:

1. Current 504, IEP, or clinic note. This must be dated within the last 36 months. The accommodation must be listed under "testing accommodations."

2. Current note from a medical provider indicating the need for the accommodation on AICE exams. This must be dated within the last 36 months. This can be from a specialist or a primary care physician.

Attach evidence of disability/ diagnosis dated within 36 months of the exam series and include additional supporting academic data (e.g. school records, psychological assessments, screening test results, etc.). Evidence must include printed name of qualified specialist, number of years of experience in field, credentials of qualified specialist, and their signature.

I certify that I have received the attached evidence and verify that it states why the student requires the requested access arrangements.

Exam Officer Name (Print)	Signature of Exam Officer	Date

I attest that the information provided in this application is true to the best of my knowledge. I further give my permission for the Cambridge exams officer to disclose this information to Cambridge Assessment International Education for the purposes of securing access arrangements for this candidate on Cambridge examinations.

Student Signature	Date

Parent/Guardian Name (Print)	Parent/Guardian Signature	Date

Parent/Guardian Email Address