Policy and procedures: Exemptions
1. POLICY

1.1 In accordance with the Department of Education policy document *The National Senior Certificate: A Qualification at Level 4 on the National Qualifications Framework* learners may be exempted from offering a second language and/or Mathematics or Mathematical Literacy in Grades 10 – 12.

1.2 In the case of an exemption the aim of the IEB is to ensure that subject choice facilitates individual academic success.

1.3 The IEB will consider in its absolute discretion applications from learners who
   (i) experience severe and intrinsic barriers in Mathematics
   (ii) experience an intrinsic barrier to learning which manifests as dysphasia such as expressive or receptive language disorders and/or learning disorders such as dyslexia
   (iii) have a significant hearing impairment

1.4 A language exemption is not to be confused with a language concession granted to learners with immigrant status.

1.5 In terms of the policy the decision as to whether an exemption will be granted lies with the IEB and its exemptions panel not with the practitioner who conducted the assessments or with the school.

2. BARRIERS TO LEARNING FOR WHICH AN EXEMPTION CANNOT BE GRANTED

Difficulty with language medium: where the learner has difficulty with language medium because the language of assessment is not the home language of the learner.

3. PROCEDURES FOR APPLICATIONS

3.1 Schools should keep copies of all applications.

3.2 The average processing time for an application is 12 weeks after receipt by the IEB. This excludes peak periods and at the end of the year

3.3 Exemptions applications require a holistic profile of the candidate. To ensure prompt processing of the application please refer to the table below and submit all of the required documentation.

A. Application for exemption from Language or Mathematics and Mathematical Literacy

<table>
<thead>
<tr>
<th></th>
<th>Psycho-educational assessment</th>
<th>Supporting historical evidence</th>
<th>Comments from relevant teachers</th>
<th>School report</th>
<th>School samples</th>
<th>Medical Report (if applicable)</th>
<th>Speech and Language Therapy Language Assessment</th>
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<tr>
<td>Language Exemption</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>If required by panel</td>
</tr>
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B. Application for exemption from Language or Mathematics and Mathematical Literacy where an application for accommodations has already been processed by the IEB.

(As the information included in this application is an addendum to the earlier accommodations application only new, updated information is required.)

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3.4 Psycho-educational Assessment:

A comprehensive psycho-educational assessment which thoroughly assesses the barrier to learning and a comprehensive clinical history are required.

The battery of tests must include:

3.5 3.5.1 A cognitive assessment

The psychologist may choose from the SSAIS-R, the WISC-IV (UK) or the WAIS-III/IV (UK). The CAS may be used to support the findings of the cognitive assessment.

Please note that the SSAIS-R is available in English, Afrikaans, Zulu, Xhosa and Setswana. If using the SSAIS-R please include the additional sub-test (coding and memory for digits).

The cognitive assessment must be administered by a registered psychologist before the end of July of the Grade 9 year. If a cognitive assessment has been completed within the previous two years it does not have to be repeated. However the educational assessment will need to be re-done.

A comprehensive psycho-educational report is required that explores all areas of the child’s learning and is not limited to the specific requests of the current application.

As scores will be distributed beyond the assessing psychologist, please include the attached Consent Form D from the parents/legal guardian.

Recommendations should specify all learning areas that need accommodation.

Please note that although recommendations will be made by the psychologist, it is the IEB Exemptions Panel which makes the decision regarding the learner, based on all information presented.
3.5.2 Educational Assessment

An educational assessment report completed within 6 months of the application must be submitted. Please provide standardised scores in addition to age equivalent scores.

- Reading, spelling, decoding and writing skills need to be assessed. Please provide examples of errors made by the learner.
- In the case of a Mathematics/Mathematical Literacy application additional testing may be requested once the application has been submitted.
- The educational testing may be conducted by a suitably qualified teacher.
- The academic and cognitive results must presented in an integrated format.

The required tests may be supplemented with additional tests should it be felt that this will assist in identifying a specific difficulty.

Educational Assessment required

(a) Reading

- The Edinburgh Reading Test Stage 4 (Hodder and Stoughton) When administering the Edinburgh if the candidate has not finished at 45 minutes change pen colour. Then let him/her complete the test. Score at 45 minutes and score again on completion, noting the time taken. Please report on the 5 sub-test scores within both time periods.

- A Graded Word Reading Test from the following choices:
  - BAS
  - WORD
  - WIAT
  - Nelson Graded Word
  - ESSI

- Test of Non Word Reading from
  - PhAB (Phonological Assessment Battery – NFER Nelson)
  - Graded Non Word Reading Test (Thames Valley Test Company), in spite of the age ceiling of the tests.
  - WIAT

- Test of Word Reading Efficiency (TOWRE) – (NFER-Nelson).

(b) Spelling

- Choose one of the following tests
  - ESSI
  - Vernon Graded Word Spelling Test (Hodder and Stoughton)
  - BAS Spelling
  - WORD Spelling
  - WIAT Spelling
3.6 Supporting historical evidence

Any supporting reports such as occupational therapy, speech therapy, remedial programme reports or any other medical documents should be included to support the exemption application.

3.7 Teacher comments

In total please provide 3 teacher comments which include:

Language exemptions: All language teachers are required to comment.
Mathematics/Mathematical Literacy: The Mathematics teacher is required to comment.

These teacher comments should be written independently. These comments should provide an understanding of how the learner’s difficulties impact on work in class and on assessments.

3.8 School report

The most recent school report must be submitted. Any other relevant school reports that establish the early history of difficulties will be of benefit to the panel.

3.9 School Samples

Examples of work which support the consideration of the particular exemption being applied for should be submitted.

3.10 Medical Report

If a learner is under the care of a medical practitioner for an ongoing medical or psychiatric condition a recent medical report or Form C must be provided.

This report must include the date of diagnosis, diagnosis, intervention strategies (current and previous) and residual challenges.
APPLICATION FOR AN EXEMPTION

Name of Psychologist: ____________________________
Registration number (where applicable): ______________
Date of Assessment: ____________________________

Please tick:

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<thead>
<tr>
<th>First Additional Language</th>
<th>Mathematics/Mathematical Literacy</th>
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The school should submit this application form and the relevant attached documents to the IEB by the end of July of the Grade 9 year.

PERSONAL DETAILS

Name of Learner: ____________________________
Date of birth: ____________________________
Age of Learner (at date of assessment): ____________________________
Home Language of Learner: ____________________________
Language of instruction: ____________________________
Current grade: ____________________________
Name of school: ____________________________
Name of principal: ____________________________
Contact person: ____________________________
Telephone number: ____________________________
Fax number: ____________________________
E-mail address: ____________________________
GENERAL INFORMATION:

1. Brief description of the barrier to learning.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

2. Has the learner received any specific support or assistance during his/her school career? Please comment.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

3. Marks obtained in each subject in most recent school examinations.

Complete the table below.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Marks (%)</th>
<th>Grade average (%)</th>
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</table>
PLEASE RE-CHECK THAT ALL INFORMATION HAS BEEN PROVIDED BEFORE SUBMITTING

Signature of person responsible for exemption application: ____________________________

Principal's declaration:

I submit this application for an exemption and have checked that all details are correct and complete.

Name : ____________________________
Signature : ____________________________
Date : ____________________________
MEDICAL REPORT TO SUPPORT APPLICATION TO IEB FOR AN EXEMPTION

FOR __________________________

Diagnosing specialist: _______________  Practice Number: _______________

Specialisation: ___________________

This report is a confidential document. Contents will be used only to assist the Exemptions Panel in reaching a decision.

Diagnosis: __________________________

__________________________________

__________________________________

Current intervention strategies: __________________________

__________________________________

__________________________________

Please describe the residual difficulties, apparent in spite of interventions, and likely to impede performance in examinations.

__________________________________

__________________________________

__________________________________

Signature: __________________________  Date: __________________________
CONSENT FORM

I, ___________________________ the parent/ legal guardian of ___________________________
hereby give permission for the attached psycho-educational report and all historical supporting
evidence to be forwarded to the IEB Exemptions Panel.

The Exemptions Panel undertakes to respect this information and treat it confidentially.

Parent/Guardian:

Signed: ___________________________

Date: ___________________________