

CONCESSION PROCEDURE DOCUMENT

Revised April 2019

1. INTRODUCTION

The North-West University (NWU) Potchefstroom offers concessions to students with certain permanent and/or temporary disorders and/or disabilities who may not be able to reflect their true ability under standard formal assessment (semester and exam) conditions. NWU Potchefstroom aims to provide concessions that are reasonable, intending to minimise the impact of the disorder and/or disability, whilst not providing unintentional advantage over other students. This procedures document is specifically aimed at such students who wish to apply for concessions (extended writing time, amanuensis, special assistance etc.) during semester tests and examinations (formal assessments) whilst studying at NWU Potchefstroom. This document is written in agreement with the National Plan for Higher Education (Ministry of Education, February 2001; The Department of Education, Education White Paper 6: Special Needs Education (2001); the NWU Institutional Office Policy on Students with Disabilities, 2014). **It is the applicant's responsibility to read and fully comprehend this document.**

This document includes procedures regarding concessions, extended writing time as well as additional assistance offered to the students. The consideration of the granting of and administration related to concessions at NWU (Potchefstroom) is the responsibility of Student Counselling and Development (SCD) (Building F18) and all applications must be processed by this office. An application for a concession is managed by the concessions coordinator and the formal decisions are made by the concession panel. The concession panel consists of psychologists, faculty advisers, a social worker from the Unit for Students with Disabilities (Building F18, Office G09), and the concessions coordinator. Additionally, the panel consults with an allocated medical practitioner regarding medical diagnosis applications. The concession panel considers all completed applications received on time. Extra time will be allowed to a maximum amount of 15 minutes per hour according to the panel's discretion, except in the case of severe disabilities. The panel strives to offer reasonable concessions, but reserves the right to withhold an accommodation or to request a specialist evaluation (at the expense of the applicant). Permission for extra time can be withdrawn.

This document can be regarded as a guideline for relevant disciplines (e.g. psychologists, psychiatrists, occupational therapists, audiologists, general practitioners etc.) who deliver a service to the students with the aim of confirming a concession request. To ensure effectiveness and consistency, comprehensive documents and/or reports are required (**Please take note of the documentation / reports requirements in section 6**). The recommendations and advice from the professional practitioners are taken into account, but is not binding, as the final decision and extent of accommodations rests with the concession panel who is familiar with the NWU educational environment. The concession panel will under no circumstances make a decision without the relevant and complete diagnostic and/or clinical information.

Concession support needs to be put in place well in advance of the semester end examinations. The application dates, application forms, and procedures are communicated on eFundi and the NWU social platforms. **After the cut-off dates no further applications will be considered.** If the student misses a concession panel discussion cut-off date, he/she can submit his/her application in the next semester or in the following year.

Students may only appeal against a concession panel's accommodation decision twice during his/her studies at NWU. This is done by submitting a formal letter clearly stating the reasons for the appeal, with the required proof, to the concessions coordinator in Building F18. The coordinator will take the appeal to the concession panel, according to the next concession panel discussion date, where the appeal will be evaluated. The panel's reviewed decision is final.

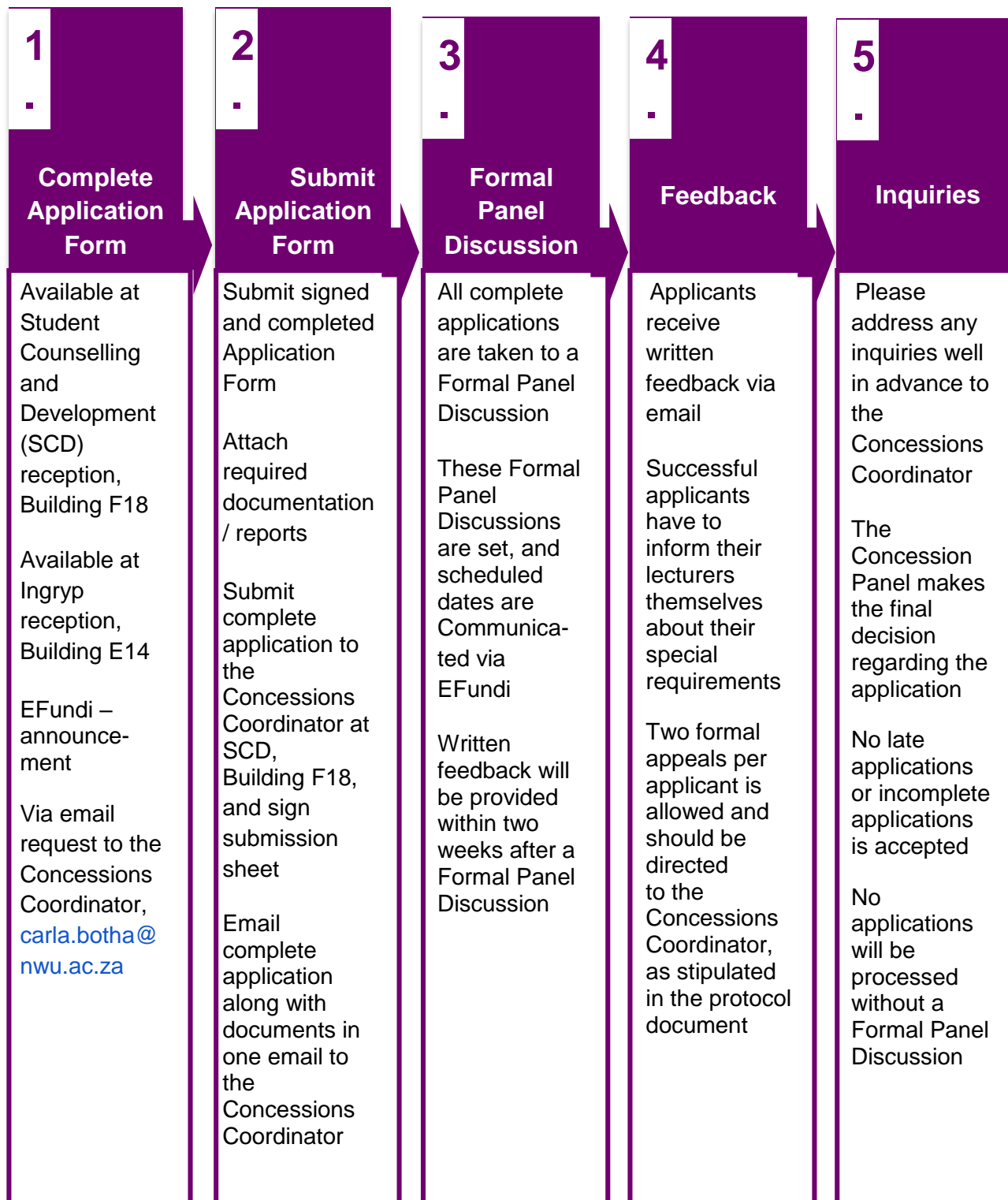
Previously granted concessions do not imply an automatic extension of it to tertiary education at NWU. Accommodations offered are only valid for an applicant's current degree at NWU and is **not** applicable to concession applications at any national, international, accredited, occupation- and/or professional board examinations outside NWU.

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2. PROCEDURES: APPLICATIONS FOR CONCESSIONS

Please follow the specified application process stipulated below:

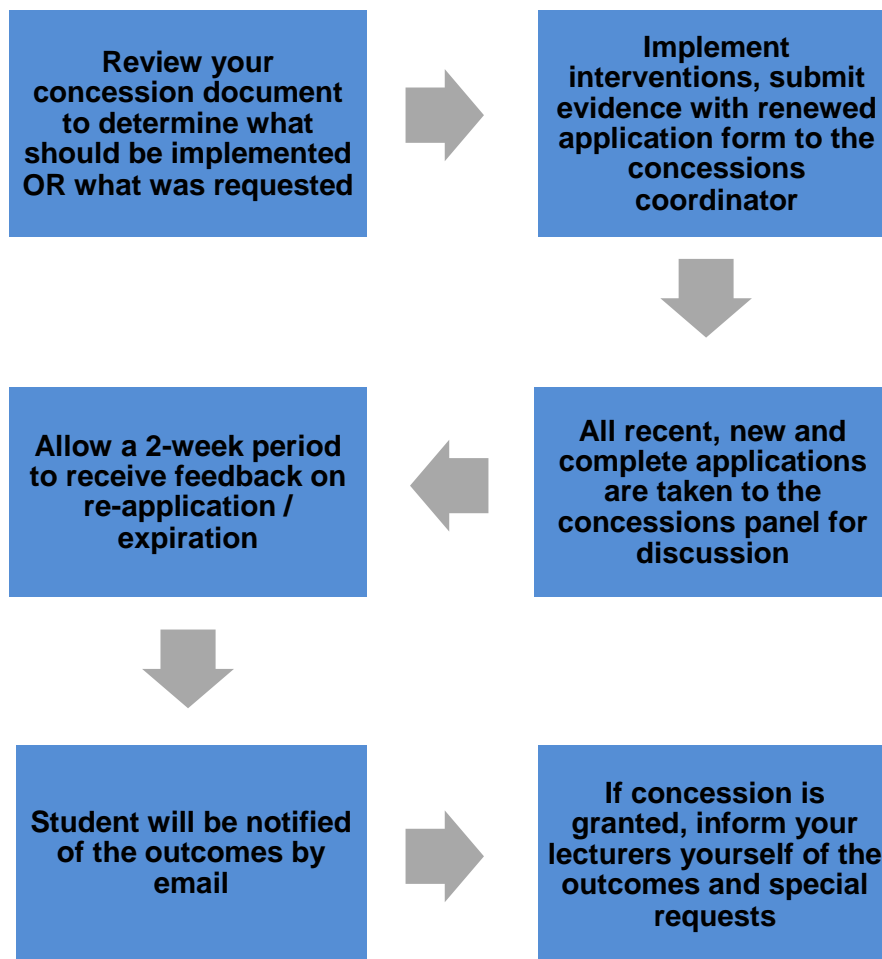
2.1 NEW APPLICATIONS / FIRST APPLICATIONS



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2.2 EXPIRED CONCESSION

In the case of expired concession, follow the process below:

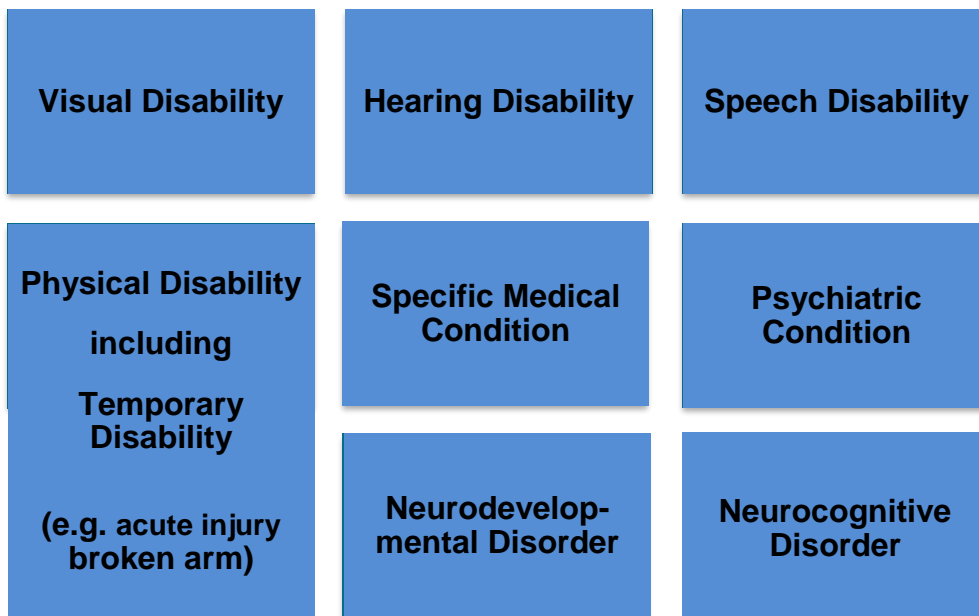


PLEASE TAKE NOTE that it is the applicant's responsibility to re-apply for concessions at the end of their initially allocated concessions time period. No late applications will be accepted, even for previous concession candidates.

3. CONDITIONS FOR APPLICATION

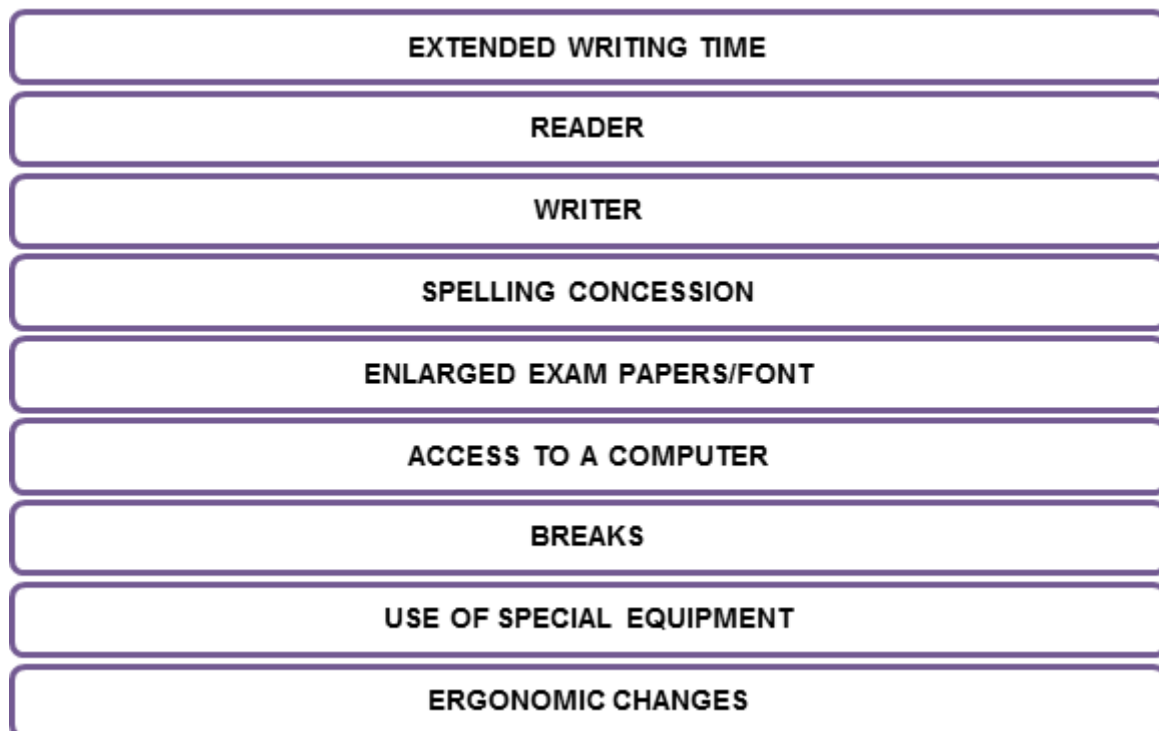
Student Counselling and Development makes concessions and offers assistance for the following conditions:

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5. AVAILABLE SUPPORT

Student Counselling and Development offers the following support for the above-mentioned conditions:



6. DOCUMENTATION / REPORTS REQUIREMENTS

Please take note of these urgent documentation / report requirements that have to accommodate an application form (refer to Table 1 below for further requirements for specific diagnosis):

- **REPORTS MAY NOT BE OLDER THAN 18 MONTHS**
- Only reports from relevant HPCSA registered psychiatrists, neurologists, psychologists, speech therapists, occupational therapists, physiotherapists, optometrists, orthopaedists, audiologists, acousticians, general practitioners and other medical specialists will be accepted (see Table 1 below for specifications according to diagnoses)
- These reports / documents must be dated, signed, contain the practitioner's registration category, registration number, practice number and contact details
- A history of the diagnosis / condition must be indicated in reports
- Date of assessments, assessments used and assessment results that led to a diagnosis need to be provided
- Specific diagnostic data (test results) and date of diagnosis must be included in reports (indicate DSM-V / ICD 10 code diagnosis)
- Evidence of previous interventions and outcomes thereof has to be provided
- Nature of diagnosis / condition, duration and likely effects need to be stipulated
- Prognosis of current condition and how it may affect the applicant's ability to meet his/her academic requirements must be indicated
- The treatment plan, with the applicant's reaction and commitment to the treatment, need to be stipulated
- If medication is prescribed the dosage, and side effects on learning, must be indicated. The health care practitioner prescribing medication should explain why extra time is required as an additional intervention, should it be proposed in correlation with medication
- The diagnosing practitioner should please note recommended interventions by which the applicant can manage his/her disability, in addition to informing the applicant about a range of possible options for addressing and managing the disability, not restricted to additional time
- The report must include feedback on
 - Clinical Observations
 - Psychometric assessments
 - Collateral sources (medical reports etc.)
 - Clinical interview
- A history of any previous concessions allowed, with relevant documentation stipulating the nature of the concession allowed, must be provided
- The panel considers numerous reports / evidence and can request a specialist report, at the cost of the applicant
- Concessions will not be granted solely on the basis of a medical certificate from a private practitioner (except for acute injury / temporary disability applications, e.g. broken hand where proof such as X-rays need to be provided in addition to a medical certificate)

The table below (Table 1) provides further requirements according to the different conditions:

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Table 1: Documentation required for each disability

DISABILITY TYPE	DIAGNOSTIC REQUIREMENTS
Visual Disabilities	Comprehensive and relevant report from an Optometrist / Orthopaedists including requirements as stipulated in section 6. Additional reading ability reports can be added
Hearing impairment	Comprehensive and relevant report from an Audiologist / Acoustician including requirements stipulated in section 6. Include evidence, should the extent of the condition be at such a level where physical aids and/or interventions are not sufficient, and concessions are required. Please clearly indicate required assistance on application form
Speech impairment	Comprehensive and relevant report from a Speech Therapist / medical specialist including requirements stipulated in section 6. Please clearly indicate required concession assistance on application form
Specific medical conditions	Comprehensive and relevant report from general practitioner (GP) and/or medical specialists including requirements stipulated in section 6. Please provide adequate proof, e.g. X-rays, treatment intervention, medication prescription etc. in addition to the practitioner / specialist report
Physical impairment, includes temporary (e.g. hand injury) and permanent disabilities	<p>Permanent disability: Specialist report according to requirements stipulated in section 6 (e.g. neurological report, physiotherapist report etc.)</p> <p>Temporary disability: Diagnostic report according to requirements stipulated in section 6 from a GP / medical specialist, with additional evidence (X-rays etc.)</p> <p>Please note: For temporary disabilities, please submit concessions application as soon as injury occurs and/or upon return to studies</p>
<p>Neurodevelopmental Disorders:</p> <p>Specific learning impairments with specification (mathematics, reading, and written expression)</p>	<p>Comprehensive and relevant diagnostic report from neurologist / psychiatrist / clinical-, counselling-, educational psychologist according to DSM-V, including requirements stipulated in section 6</p> <p>Any other supporting medical documentation which relates to the applicant's functioning and diagnosis, e.g. speech therapist / occupational therapist / physiotherapist's report (which could include assessments mentioned below)</p> <p>The report must include feedback on:</p> <ul style="list-style-type: none"> ● Clinical Observations ● Psychometric assessments (see required sections below) ● Collateral sources (medical reports, school reports etc.) ● Background information and proof, history of condition ● Clinical interview <p>An evaluation should comprise the following Sections (Intellectual ability assessments; Graded, correctly aged and normed Mathematics-, Reading-, Spelling- and Writing assessments; Assessments that report on possible malingering behaviour; Neuropsychological assessments)</p>

and could include assessments as indicated below (please provide assessment name, results and interpretation):

Intellectual ability assessments:

- The Wechsler Adult Intelligence Scale (WAIS)
- Senior South African Individual Scale-Revised (SSAIS-R)

Graded, correctly aged and normed Mathematics-, Reading-, Spelling- and Writing assessments:

- Rey Auditory Verbal Learning Test (RAVLT)
- Rapid Automatized Naming (RAN) and Rapid Alternating Stimulus Test (RAS)
- Reading- and spelling test:
 - One-minute word reading test
 - Graded Reading Test
 - Schonell Standardised spelling test
- Stark-Griffin Diagnostic Dyslexia Test
- The Dyslexia Adult Screening Test
- Stroop Color and Word Test
- Detailed Assessment of Speed of Handwriting 17+ (DASH 17+)
- The Communication Checklist- Adult (CC-A)
- Survey of Study Habits and Attitudes (SSHA)

Assessments that report on possible malingering behaviour:

- Dot Counting Test (DCT)
- Test of Memory Malingering (TOMM)
- Validity Indicator Profile (VIP)
- B Test
- Rey 15 Item Test – with Recognition Form

Neuropsychological assessments:

- Beery Visual-Motor Integration (VMI)
- Bender Visual Motor Gestalt Test
- Rey-Osterrieth Complex Figure Test (ROCFT)

Other internationally recognized assessments can also be considered should there be reason to evaluate such (reason should be provided)

Neurodevelopmental Disorders:

Attention Deficit Disorder (ADD) / Attention Deficit Hyperactivity Disorder (ADHD)

Comprehensive and relevant **diagnostic report** from neurologist and/or psychiatrist according to requirements stipulated in section 6. Stipulating when applicant was diagnosed, treatment/medication prescribed, duration of patient being on medication, any side effects, treatment/medication effectiveness, why concessions are required in addition to treatment/medication use, prognosis etc.

Any other medical documentation which may be of importance related to the applicant's functioning, e.g. that of a clinical-, counselling-, educational psychologist that assessed applicant for ADD/ADHD or occupational therapist's supporting report

If applicant was diagnosed by a GP and did not consult a specialist or clinical-, counselling- or educational psychologist for an evaluation, please have an evaluation conducted and provide report

The report must include feedback on:

- Clinical Observation
- Psychometric assessments (see below)
- Collateral information (parents, former teachers, occupational therapist, speech therapist, consulting doctor)
- Background information and proof, history of condition
- Clinical interview

An evaluation should comprise the following Sections (Intellectual ability assessments; Graded, correctly aged and normed diagnostic assessments; Assessments that report on possible malingering behaviour; Neuropsychological assessments; Personality Assessments) and could include assessments below (please provide assessment name, results and interpretation):

Intellectual ability assessments:

- The Wechsler Adult Intelligence Scale (WAIS)
- Senior South African Individual Scale-Revised (SSAIS-R)

Graded, correctly aged and normed diagnostic assessments:

- Conners Adult ADHD Rating Scale (CAARS)
- Adult Self Report Scale Screener for ADHD (ASRS)
- Brown Attention-Deficit Disorder Scales (adolescents & adults)

Please note that these self-report diagnostic assessments **have** to be used in conjunction with assessments that report on possible malingering behaviour (symptom validity tests)

Assessments that report on possible malingering behaviour:

- Dot Counting Test (DCT)
- Test of Memory Malingering Trial 1 (TOMM)
- Validity Indicator Profile (VIP)
- B Test
- Rey 15 Item Test – with Recognition Form
- Victoria Symptom Validity Test (VSVT)
- Reliable Digit Span

Neuropsychological assessments:

- Beery Visual-Motor Integration (VMI)
- Bender Visual Motor Gestalt Test
- Rey-Osterrieth Complex Figure Test (ROCFT)
- Stroop Color-Word Test
- Continuous Performance Tests

	<p>Personality Assessments:</p> <ul style="list-style-type: none"> • Minnesota Multiphasic Personality Inventory®-2 (MMPI®-2) and/or Minnesota Multiphasic Personality Inventory-2-Restructured Form® (MMPI-2-RF®) • Personality Assessment Inventory (PAI) <p>Other internationally recognized assessments can also be considered should there be reason to evaluate such (reason should be provided)</p>
<p>Neurodevelopmental Disorders:</p> <p>Other</p>	<p>Comprehensive and relevant diagnostic report (according to DSM-V) from neurologist / psychiatrist / clinical-, counselling-, educational psychologist / relevant medical specialist including requirements stipulated in section 6</p> <p>Any other supporting medical documentation which relates to the applicant's functioning and diagnosis, e.g. speech therapist / occupational therapist / physiotherapist report</p> <p>The report must include feedback on:</p> <ul style="list-style-type: none"> • Clinical Observations • Psychometric assessments • Collateral sources (medical reports etc.) • Background information and proof, history of condition • Clinical interview
<p>Specific Psychiatric Conditions:</p> <p>Mood / Anxiety-related disorders</p>	<p>No mental disorder or psychological condition that is effectively being treated (with medication and/or psychotherapy and/or any other procedure) can be used as motivation for concessions</p> <p>Should the treatment appear to be unsuccessful, the practitioner (e.g. the psychiatrist) should indicate in writing why the intervention is not effective, which alternatives are being considered, how the condition is related to the action of writing a test or examination, why extra writing time during tests and examinations should be provided as a compensatory measure, as well as an estimated time of a better prognosis</p> <p>Letter from psychiatrist containing the following information: when applicant was diagnosed, treatment / psychotherapeutic intervention / medication prescribed, duration of patient being on medication, effectiveness of medication and interventions, any side effects etc. Any other medical documentation which may be of importance related to the applicant's functioning</p> <p>Letter from clinical or counselling psychologist (therapeutic progress report) including information pertaining to commitment, duration and progress made during therapy, comment on applicant's overall functioning</p> <p>If applicant has not seen a clinical or counselling psychologist within the past 3-6 months, please have an evaluation conducted of the applicant's psychological functioning and provide report</p>

	<p>The report must include feedback on:</p> <ul style="list-style-type: none"> ● Clinical Observations ● Psychometric assessments (see below) ● Collateral sources (medical reports etc.) ● Background information, history of condition ● Clinical interview <p>Such an evaluation could contain the following assessments:</p> <ul style="list-style-type: none"> ● Beck Depression / Anxiety Inventory ● Depression Anxiety Stress Scales 42-item or 21-item ● MMPI-2-RF® / MMPI®-2 OR Millon® Clinical Multiaxial Inventory-III (MCMI®-III) ● NEO Personality Inventory-3 (NEO PI-3™) OR 16 Personality Factors Questionnaire (16PF) ● Thematic Apperception Test (TAT) ● Draw-a-person (DAP) / Kinetic Family Drawing (KFD) ● PAI ● Structured Inventory of Malingered Symptomatology (SIMS) ● Clinical Observation <p>Other internationally recognized assessments can also be considered should there be reason to evaluate such (reason should be provided)</p>
<p>Neurocognitive Disorders:</p> <p>Traumatic Brain Injury (TBI) / Epilepsy</p>	<p>Letter from neurologist / neurosurgeon / psychiatrist containing information such as when applicant was diagnosed, treatment / medication, duration of applicant being on medication, response to treatment, any side effects etc.</p> <p>Any other medical documentation which may be of importance related to the applicant's functioning, e.g. speech therapist, occupational therapist, psychologist report</p> <p>If applicant sustained / was diagnosed within past 6 months and longer with any neuron-related disorder, a neuropsychological assessment can be recommended as it provides rich information pertaining to an individual's cognitive and psychological functioning</p> <p>The report must include feedback on:</p> <ul style="list-style-type: none"> ● Clinical Observations ● Psychometric assessments (see below) ● Collateral sources (medical reports etc.) ● Clinical interview <p>Such an evaluation can typically include the following tests:</p> <ul style="list-style-type: none"> ● WAIS-4 ● Wechsler Memory Scale (WMS) (Not necessarily required) ● Mini-Mental State Examination (MMSE) ● Halstead-Reitan Battery (Colour Trial Test (CTT) 1&2; RAVLT; Clock drawing; Rey Complex Figure Test (RCFT) ● DAP; DAT ● Controlled Oral Word Association Test (COWAT)

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| | <ul style="list-style-type: none">● Beck Depression / Anxiety Inventory● Tower of London● MMPI-2-RF® / MMPI®-2 OR NEO-PI-3● PAI |
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Other internationally recognized assessments can also be considered should there be reason to evaluate such (reason should be provided)

7. IN CONCLUSION

- Any and all correspondence or communication takes place with the applicant, due to the POPI act no correspondence with parents / guardians and/or other will be conducted (without the written permission of the applicant)
- Please allow 2 weeks for feedback on applications
- All applicants must sign a declaration indicating that:
 - (a) he/she agrees that the information relating to his/her disabilities be divulged to the concession panel
 - (b) he/she gives permission for the concessions coordinator and/or panel member to contact the professional indicated on the attached reports for further information and/or to validate the report authenticity should there not be an original stamp on the report
 - (c) he/she agrees that the information relating to their diagnosis and the concession given will be reflected on the NWU system and internal documentation

Any enquiries and suggestions can be directed to the Concessions Coordinator at 018 299 2893.