

TURTLE MOUNTAIN SCHOOL DIVISION
STANDARD TESTS/PROVINCIAL EXAMS

ADAPTATION FORM

Date _____
Name of Student _____ Birthdate _____
Subject and level _____ School _____
Parents (Guardians): Father's Name _____
Mother's Name _____

Reason for Adaptation (Please be specific/attach necessary documentation) _____

Type of Adaptation (Please be specific) _____

Signatures of Agreement to the adaptations:

Student _____ Date _____
Parents _____ Date _____
Subject/Class Teacher _____ Date _____
Student Services _____ Date _____
Principal _____ Date _____

A letter will be sent to Manitoba Education and Training requesting these adaptations.
The original copy of this form will be kept in the student cum file.