

## **Confirmation of Exceptional Circumstances Affecting Assessment**

### **Guidance for Professionals on the Provision of Evidence for the University of York Exceptional Circumstances Process**

You are being asked to provide evidence because your patient/client, a student at the University of York, believes that their circumstances have impacted or are likely to impact their ability to complete an assessment/exam. In order to support this process, please ensure that the evidence is:

- Contemporary:

Evidence should be based on what you have observed. Letters only relaying a student's description of their circumstances which you did not observe will not be accepted as evidence.

- Within the realm of your professional expertise:

Students should not ask you to provide evidence of circumstances (such as financial difficulties or legal problems if you are a GP, or medical circumstances if you are a lawyer) in which you are not an expert.

- Explicit about the impact on the student's ability to study

Evidence should make clear the duration and the extent of the impact of the circumstances on the student's ability to engage in normal study activities. If there are specific study-related activities (reading, writing, typing, concentration) which are more limited than others, this should be made clear.

**All evidence should have an indication of its authenticity, such as a stamp from your professional practice, or be printed on your official letterhead.**

#### **Retrospective and Late Claims**

Claims submitted more than 7 days after the relevant assessment will not be considered unless the student can present a 'good reason' why they could not have made the claim in good time. In the event that a circumstances, by their nature, would have interfered with a student's ability to seek support, please indicate the period during which the student is likely to have been affected, but not able to make a claim.

## Confirmation of Exceptional Circumstances Affecting Assessment

<b>Student Details (To be completed by the student)</b>	
Student Name	
Student's Date of Birth	
Programme of Study	
Student Number	

<b>To be completed by the Professional</b>													
Nature of Exceptional Circumstances													
Are these circumstances likely to affect a student's ability to engage normally in study for assessment?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;">Yes</td> <td style="width: 50%; border: none; text-align: center;">No</td> </tr> </table>	Yes	No										
Yes	No												
If you feel able to comment, if some study is possible, what fractional workload is likely to be manageable?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6" style="text-align: left; padding: 2px;">Proportion of full-time study/work possible</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px; text-align: center;">No study possible</td> <td style="padding: 2px; text-align: center;"><math>\frac{1}{4}</math> possible</td> <td style="padding: 2px; text-align: center;"><math>\frac{1}{2}</math> possible</td> <td style="padding: 2px; text-align: center;"><math>\frac{3}{4}</math> possible</td> <td style="padding: 2px; text-align: center;">FT study possible</td> <td style="padding: 2px; text-align: center;">Not Known</td> </tr> </tbody> </table>	Proportion of full-time study/work possible						No study possible	$\frac{1}{4}$ possible	$\frac{1}{2}$ possible	$\frac{3}{4}$ possible	FT study possible	Not Known
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Dates Affected	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">From:</td> <td style="width: 50%; border: none;">To:</td> </tr> </table>	From:	To:										
From:	To:												
Are there any specific study-related activities that a student cannot engage in?													
Are these circumstances likely to last more than 6 weeks?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; text-align: center;">Yes</td> <td style="width: 50%; border: none; text-align: center;">No</td> </tr> </table>	Yes	No										
Yes	No												

<b>To be completed by the professional in the event of a late or retrospective claim</b>		
Would this circumstance have interfered with a student's ability to engage with services, or make an appropriate claim earlier?	Yes	No

Signature	
Name of Professional	
Profession	
Date	

Contact Details for Practice (including Telephone Number)		Practice Stamp
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