



UGANDA BUSINESS AND TECHNICAL EXAMINATIONS BOARD
SPECIAL NEEDS EDUCATION REGISTRATION FORM
To Be filled after registration

A. Student Details

*RegNO:..... *Names:
 *program:..... *series:.....
 Students Contact:..... Email:.....
 CareTaker Names:..... contact:.....

B. Nature of Disability(ies) Tick Appropriate.

Tick	Nature of Disability	Details if any
	Blind	
	Dyslexic (mental disorder)	
	Hearing impairment	
	physical disability	
	Any other chronic illness eg Asthma, HIV/AIDS etc	

C. Papers requiring Special needs Supervision/Care

SN	Papercode	Papername	Date	Session	Action Taken
1					
2					
3					
4					
5					
6					

Principal Endorsement:

Names:..... sign and Stamp:.....

For more inquiry regarding special needs education,

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