



UGANDA BUSINESS AND TECHNICAL EXAMINATIONS BOARD

SPECIAL NEEDS EDUCATION ASSESMENT SECTION

SNE IDENTIFICATION FORM FOR NCs and CPCA PROGRAMMES

CENTRE NO:..... CENTRE NAME:.....

1	Do you have special needs students in the Institution	Yes	No
2	If yes, List their names and registration nos		
3	Nature of disability(Tick appropriate) A:Blind <input style="width: 50px; height: 20px;" type="checkbox"/> B: Dyslexic (mental disorder) <input style="width: 50px; height: 20px;" type="checkbox"/> C: hearing impairment <input style="width: 50px; height: 20px;" type="checkbox"/> D: physical disability <input style="width: 50px; height: 20px;" type="checkbox"/>		
4	Are students registered with UBTEB as Special needs students?	Yes	No
5	Did you access special needs Education guidelines on UBTEB website?	Yes	No
7	Tick the appropriate answer Availability of assistive devices (a) braille <input style="width: 50px; height: 20px;" type="checkbox"/> (b) MV access <input style="width: 50px; height: 20px;" type="checkbox"/> (c) Computers <input style="width: 50px; height: 20px;" type="checkbox"/> (d) Walking sticks <input style="width: 50px; height: 20px;" type="checkbox"/> (e) Magnifiers <input style="width: 50px; height: 20px;" type="checkbox"/>		
8	Availability of facilities (tick the appropriate answer) (a) Ramps <input style="width: 50px; height: 20px;" type="checkbox"/>		

9	(b) Toilets for SNE candidates	<input type="text"/>		
	(c) classrooms	<input type="text"/>		
	(d) Chairs	<input type="text"/>		
	Availability of support personnel			
	(a) Sign language interpreter	<input type="text"/>		
	(b) Transcriber	<input type="text"/>		
	(c) Counselor	<input type="text"/>		

10. Recommendation to UBTEB regarding assessment of special needs students

Name of the student and tel. contact

Student contact No.....

Institution official telephone No and email.....

For more information regarding special needs education visit www.ubteb.go.ug or call 0774030477.0702477