



**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,

Email: [allenayebazibwe427@gmail.com](mailto:allenayebazibwe427@gmail.com)/allen.ayebazibwe@ubteb.go.ug

Tel: 0774030477/0702451682