



THE KENYA NATIONAL EXAMINATIONS COUNCIL

REF: KNEC/EA/EM/KPSEA/REG/SN/002/2024/REV /7.1

2024 KPSEA CANDIDATES WITH SPECIAL NEEDS

*(This form must be completed in triplicate and sent to KNEC together with the registration documents)
Original – KNEC, Duplicate- School and Triplicate - Sub County Director of Education*

EXAMINATION CENTRE CODE: _____ EXAMINATION CENTRE NAME: _____

ASSESSMENT NO.	NAME OF CANDIDATE(S)	VISUALLY IMPAIRED		OTHER IMPAIRMENTS			RELIGIOUS OPTION			NIL		
		BLIND (BRAILLE)	LOW VISION (LARGE PRINT)	KISW	KENYA SIGN LANGUAGE	PHYSICAL	MENTAL	MULTIPLE IMPAIRMENTS	CRE		IRE	HRE

NOTE:

- i) Please ensure that all registration details for these candidates are included in the entry documentation e.g. uploaded in the KNEC Website clearly showing their optional subjects.
- ii) The Council will rely on the reports written by both the **head teachers** and **Medical doctors** to determine the kind of assistance the candidates will be accorded during the examinations. It is imperative that the head teachers submit all the reports mentioned herein on all candidates with Special Needs indicating the kind of assistance the candidates should be accorded during the examination.
- iii) For the mentally and physically impaired candidates and those who suffer psychomotor disorders the **Head teacher must write a letter** on the same which **MUST** be accompanied by **a recent detailed medical report, a full size photograph** for physical disability, and a recent EARC officer's report on the nature of each candidate's disability. **Candidates whose medical reports are not received will NOT be considered for any assistance during the examination.**
- iv) **Candidates with Low Vision must also have a recent medical report from qualified and certified medical doctor.**
- v) If the school does not have any candidates in this category the head teacher must indicate **Nil** and return the form to the Council together with the registration materials.

Name of headteacher: _____ Mobile Number: _____ Signature: _____

Date: _____ Official Stamp: _____