

KENYA NATIONAL EXAMINATIONS COUNCIL

REF: KNEC/EA/EM/KCPE/REG/SN/002/2019/REV 4.2

2019 KCPE 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

CENTRE CODE:			SCHOOL NAME:										
DEX O.	NAME (OF DATE(S)	VISUALLY IMPAIRED				OTHER IMPAIRMENTS			RELIGIOUS OPTION			NI
		, ,	BLIND (BRAILLE)	LOW VISION (LARGE PRINT)	KISW	KENYA SIGN LANGUAGE	PHYSICAL	MENTAL	MULTIPLE IMPAIREMENTS	CRE	IRE	HRE	
													+
	i) ii)	Please ensure that all registration details for these candidates are included in the entry documentations e.g. uploaded in the KNEC Website clearly showing their optional subjects. 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.										s	
	iii)										e C		
			ort on the nature ace during the e			ability. Candic	dates whose i	nedical repo	orts are not received w	ill NOT	be cons	idered for	r
	iv)	Candidates	with Low Visio	n must also	have a rec	ent medical re	eport from qu	alified and	certified medical doct	or.			
	v)		does not have a on materials.	any candidate	es in this c	ategory the hea	nd teacher mu	st indicate N	il and return the form	to the co	ancil tog	gether with	1
Nan	Name of headteacher:				Mobile Number:Signature								
Date	»:		Official Stamp:										