

for the administration of the exams of the Goethe-Institut

Name of Doctor / Medical Professional (Speech therapist etc.)

Name and address of the Institution / medical practice issuing this certificate

Name of the exam candidate

Name of examination center where the exam will be taken; planned date and time

Type of special need (chronic illness / disability)

Extent of special need (e.g. extent of hearing impairment / visual impairment; degree and exact characterization of reading / writing impairment etc.)

Impact on the participant's performance in the following exam sections:

| Exam Section | Impact | Description of impact (please describe in a manner that can be understood by a layman) |
|---------------------|---|---|
| Reading | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Listening | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Writing | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Speaking | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

Additional recommendations and comments:

Date of issue, Seal of Institution or Practice

Signature