

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