



KENYA NATIONAL EXAMINATIONS COUNCIL

REF: KNEC/EA/EM/KCPE/REG/SN/002/2023/REV /7.1

2023 KCPE EXAMINATION DECLARATION FORM FOR CANDIDATES WITH SPECIAL NEEDS AND DISABILITIES

To be completed in TRIPLICATE for record as follows: Original: for KNEC, to be submitted with entries; Duplicate: for SCDE; Triplicate: for Institution / Examination Centre.

EXAMINATION CENTRE CODE: _____ EXAMINATION CENTRE NAME: _____

INDEX 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:

1. Ensure that all registration details for the above listed candidates are uploaded and captured in the **online registration portal accurately**, including candidates’ optional subjects (where applicable).
2. KNEC will rely on the reports written by Institution Heads and medical doctors to determine the kind of assistance the candidates will be accorded during the examination. It is therefore important that Institution Heads submit all the necessary reports on candidates with special needs and disabilities, indicating the kind of assistance that the schools offer the candidates during learning and internal examinations.
3. For the mentally and physically impaired candidates and those who suffer psychomotor disorders the Institution Heads must write a letter on the same which **MUST** be accompanied by **a recent detailed medical doctor’s report; a full photograph of the candidate (for physical disability); and Education Assessment Resource Centre (EARC) officer’s Assessment Report** on each of candidate’s functional ability. **Cases submitted without doctors’ medical reports will NOT be considered for assistance during the examination.**

4. Cases for candidates with Low vision must also be accompanied by a medical report from certified medical doctors.
5. If a centre does not have candidate(s) with any of special needs and disabilities indicated above, the Principal must indicate ***NIL*** and submit the form to KNEC together with other registration materials.

Name of headteacher: _____ Mobile Number: _____

Signature: _____ Date: _____ Official Stamp: