|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 受験番号Examinee Registration Number  ※実施機関が記入 Filled in by the host Institution | **26A** |  |  |  |  |  |  |  | **－** |  |  |  |  |  |

20267　の

JLPT July 2026 Request Form for Special Testing Accommodations (STA)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application date | | | 2026　　(Year)　　　(Month)　　　　(Date) | | | | | |
| **Applicant** | （ローマ）  Name in capital Roman letters | | | |  | | | |
| Date of birth | | (Year)　　　(Month)　　　　(Date) | | | | | |
| レベル Test Level | | | Ｎ | | Test Site | | ☐ CANBERRA  ☐ GOLD COAST  ☐ SYDNEY |
| **のに**  **Fill in if a representative is applying** | | Name | | | | |  | |
| との  Relationship with applicant | | | | |  | |

**１．の** **Request for Special Testing Accommodations(STA)**

|  |  |
| --- | --- |
| に「の（）」をみ、をしました。  I hereby confirm that I have read the “Instructions for Requesting Special Testing Accommodations (Overseas Edition)” and fully understand the contents before submitting my request form. | はいYes |

4ページ～7ページのをてチェックしてください。Choose from the list in Page 4-7

|  |  |  |
| --- | --- | --- |
| **のと** Type and extent of disability | | **するの** Required STA |
| **Visual disability** | （）  Severe visual disability / Braille user | A-1-1 　A-1-2 |
| Low vision/ Partial sight | A-2-1 　A-2-2 　A-2-3  　A-2-4 　A-2-5 |
| **Hearing disability** | ろう Deaf | B-1 |
| Hard of hearing | B-2-1 　B-2-2 　B-2-3　 　B-2-4 |
| **Physical (Mobility) disabilities** | のみの  Lower limb disabilities | C-1-1 　C-1-2 |
| Upper limb・その Other  ( 　 　　　　) | C-2-1 　C-2-2 　C-2-3  　C-2-4 　C-2-5 |
| **Developmental　disabilities** | LD　　 ADHD　　 ASD  そのOthers( 　 　　　 ) | D-1 　D-2  　D-3 　 　D-4 |
| **その**  **Other disabilities** | (　　　　　　　　　　　　　　　 )  のにてはまらない、のをしてください。  If none of the above apply, please specify the type of disabilities. | Separate room  1.3倍1.3x extended test time  1.5倍1.5x extended test time  のUse of enlarged test papers |
| にないするのやにをつけてしいことがあればににしてください。Please provide precise details below if you have a STA request other than listed items above or there is anything else you would like us to take into consideration. | | |

**２．3（20237とそれの）のJLPTのの Have you received the STA for JLPT within last 3 years (on or after JLPT in July 2023)?**

ないNo ある。（→にそのをいてください。）Yes(→Please write the details below.)

|  |  |  |  |
| --- | --- | --- | --- |
| したびYear and month of the test | | /year /month | |
| レベル　Test Level |  | Test Site |  |
| のの  Details of the STA |  | | |

（国際交流基金日本語試験センター担当者が使用）（For JF internal use only）

＜審査シート＞

|  |  |
| --- | --- |
| 審査①担当者名： | |
| 審査結果 | 申請どおり承認  申請から変更して承認　※変更点は配慮申請書に赤字（PDFの場合手書き可）で記入する。   * 変更した理由： * 経緯（あれば）： * 照会結果（あれば）： * その他（あれば）： |

参照用：A-1-1日語注意A-1-2英語注意A-2-1拡大鏡A-2-2電気スタA-2-3拡大問A-2-4別延長

A-2-5転記B-1聴解免除 B-2-1座席スピB-2-2ヘッド B-2-3聴解免除B-2-4補聴器C-1-1車椅子C-1-2別室

C-2-1車椅子C-2-2頁介助C-2-3拡大問C-2-4別延長 C-2-5転記D-1別延長D-2別延五 D-3拡大問 D-4:転記

**３． Documents to be attached**

（１）とにしてください。

Please submit this request form with your application form for JLPT.

（２）のをしてください。3(20237とそれの)に、のJLPTでじのをけるためにのをしたはです。

Please attach the following documents. The following documents are not required in the case the same special testing accommodations had been provided to you in the previous JLPT outside Japan within the last 3 years (on or after JLPT July 2023).

(ア). **の、**またはがまたはこれまでにしたのの、もしくは、ケースワーカーなどのからの（にされているののとのがかどうか、およびしているののにするをしてください。はいません。）

Medical certificate from a doctor or an explanation of the applicant's disability written by a teacher from his/her current or former educational institution, or by a certified specialist such as a medical doctor or a caseworker.（The explanation may be in any format but it should include a confirmation of the accuracy of the information on the request form regarding a) the type and extent of applicant's disability, and b) an explanation of why the requested special testing arrangements are necessary.）

(イ). **をするは、をす（）（5ページ）**

Documents indicating decibel (dB) hearing level, if applying for Listening test exemption (audiogram etc.).(Please refer to page 5)

(ウ). **をう、としてDSMまたはICDにしたがめられます。**

In principle, applications regarding mental disorders should provide a diagnosis that conforms to DSM or ICD standards.

**実施機関チェック欄**　（□にチェック✓をしてください）

添付書類の確認（必ず添付してください。添付資料には、必ず日本語または英語の説明をつけてください。）

①受験願書

②医師の診断書、またはそれに準ずるもの（コピー可、上記　3（２）(ア).-(ウ).参照）

③医師の診断書等について、障害の種類や程度、具体的に必要な配慮に関する記述へのアンダーラインまたはハイライト

受験上の配慮申請書１ページ上の欄に「受験番号」を記入しましたか？

受験上の配慮申請者の名前（ローマ字）、生年月日、受験番号が願書と一致していますか？（一致していない場合、申請が受け付けられない場合があります）

**Check List for Overseas Host Institutions**　(Please check ✓the boxes.)

Confirmation of attached documents (Please be sure to attach all documents. Please be sure to include an explanation of attached documents in Japanese or English.

1.Application Form

2.Medical certificate from a doctor, or equivalent documentation (copies are acceptable. See 3 (2) a-c above.)

3. The explanation of the type and extent of the disability and the special arrangement needed should be underlined or highlighted in the medical certificate or equivalent documentation.

Has the examinee registration number been filled in the space at the top of page 1 of the Request Form for Special Testing Accommodations?

Have the name (in Roman letters), date of birth, and examinee registration number of the applicant for special testing accommodations been checked to confirm that they match those on the application form? (If they do not match, the application may not be accepted.)

**4．のと/の**

**Type and extent of disability/** **Contents of Special Testing Accommodations**

1. **Visual Disability**

|  |  |  |
| --- | --- | --- |
| **のとType and extent of disability** | **コード**  **Code** | **の Contents of Special Testing Accommodations** |
| A-1（）  ＊による・はのみ  ＊・の（のための）は、とのどちらかひとつのみ  A-1 Severe visual disability / Braille user  \*Braille test papers and answer are in Japanese Braille only.  \*Test instructions are provided either in Japanese braille (A-1-1) or in English braille (A-1-2). | **A-1-1** | 1.・（）  **・の（）**  1.Braille test papers and answers in Japanese braille, and **test instructions in Japanese braille** |
| **A-1-2** | 2.・（）  **・の（）**  2. Braille test papers and answer in Japanese braille, and **test instructions in English braille** |
| ＊するはごでしてください。  ＊はのをしてください。  \*Examinees must bring their own equipment.  \*Please refer to Instructions for Requesting Special testing Accommodations for extended test time. | |
| A-2  ＊ののを  A-2 Low vision/ Partial sight  \*You may choose more than one STA. | **A-2-1** | 1．の・  1. Bring and use own magnifying glass |
| **A-2-2** | 2．スタンドの・  2. Bring and use own reading lamp |
| **A-2-3** | 3．（141%：A4→A3）の  3. Use of enlarged test papers (enlarged by 41%, from A4 to A3 size) |
| **A-2-4** | 4.でのの  ＊はのをしてください。  4. Separate room and extended test time  \*Please refer to Instructions for Requesting Special testing Accommodations for extended test time. |
| **A-2-5** | 5．の  ＊にを。にがにします。  5.Transcription of answers onto answer sheets  \* Examinees to write answers on the test booklet, and the host institution to copy the answers onto the answer sheet after the test. |

1. **Hearing Disability**

|  |  |  |
| --- | --- | --- |
| **のとType and extent of disability** | **コード**  **Code** | **の Contents of Special Testing Accommodations** |
| B-1ろう  B-1 Deaf | **B-1** | 1.  ＊デシベル（dB）でレベルがわかる（の、（いずれもコピーでよい））をしてください。としてのレベルが60dBをとします。  1. Listening test exemption  \*Please submit documentation (medical certificate from a doctor, audiogram (copies are fine for either)) indicating decibel (dB) hearing level. In principle, individuals with an average hearing level of 60dB or more in both ears are eligible for exemption. |
| B-2  ＊B-2-1～3からひとつと、にじてB-2-4をんでください。のはありません  B-2 Hard of hearing  \*Please select one from B-2-1~3, and B-2-4 if necessary. Extended test time is not an option. | **B-2-1** | 1.をスピーカーのくに  1.Seat near the speakers |
| **B-2-2** | 2.でのヘッドフォンの  2.Use headphones in separate room |
| **B-2-3** | 3.  ＊デシベル（dB）でレベルがわかる（の、（いずれもコピーでよい））をしてください。としてのレベルが60dBをとします。  3. Listening test exemption  \*Please submit documentation (medical certificate from a doctor, audiogram (copies are fine for either)) indicating decibel (dB) hearing level. In principle, individuals with an average hearing level of 60dB or more in both ears are eligible for exemption. |
| **B-2-4** | 4.あるいはを  4.Use own hearing aids and cochlear implant equipment |

1. **Physical (Mobility) Disabilities**

|  |  |  |
| --- | --- | --- |
| **のとType and extent of disability** | **コード**  **Code** | **の Contents of Special Testing Accommodations** |
| C-1 のみの  ＊ののを  C-1 Lower limb disabilities  \*You may choose more than one STA | **C-1-1** | 1.の・  1.Bring and use own wheelchair |
| **C-1-2** | 2.での  2.Separate room |
| C-2 そのの  ＊ののを  C-2 Upper limb and/or other disabilities  \*You may choose more than one STA | **C-2-1** | 1.の・  1.Bring and use own wheelchair |
| **C-2-2** | 2.ページめくりの  2.An assistant to turn the pages |
| **C-2-3** | 3.（141%：A4→A3）の  3.Use of enlarged test papers (enlarged by 41%, from A4 to A3 size) |
| **C-2-4** | 4.でのの（：1.3）  ＊はのをしてください。  4.Separate room and extended test time(Each section：30% additional testing time(1.3x) See Attachment  \*Please refer to Instructions for Requesting Special testing Accommodations for extended test time. |
| **C-2-5** | 5.の  ＊にを。にがにします。  5.Transcription of answers onto answer sheets  \* Examinees to write answers on the test booklet, and the host institution to copy the answers onto the answer sheet after the test. |

1. **（LD/ADHD/ASD）Developmental Disabilities (LD/ADHD/ASD/Others)**

|  |  |  |
| --- | --- | --- |
| **のとType and extent of disability** | **コード**  **Code** | **の Contents of Special Testing Accommodations** |
| **D.**  **（LD/ADHD/ASD/その）**  ＊ののを  **D. Developmental disabilities**  **(LD/ADHD/ASD/Others)**  \*You may choose more than one STA | **D-1** | 1.でのの　1.3  1.Separate room and extended test time by 30 %(1.3x) |
| **D-2** | 2.でのの　1.5  2.Separate room and extended test time by 50%(1.5x) |
| のにじて1.3か1.5をんでください。  ＊：~のは1.3、~のは1.5。  （のによりがめられるがなります。：1.3/1.5）  ＊1.5のをするは、ずのに根拠が記載されているがあります。  ＊はのをしてください。  Please select 1.3x or 1.5x according to the extent of disability.  \*Reference for choosing time extension: Mild to moderate disability, 30%(1.3x) extension; moderate to severe,50%(1.5x)  \*The extension time allowed differs depending on the extent of disability. For each section: 1.3x/1.5x.  \*For requests of 50% (1.5x) time extensions, a medical certificate with such suggestion from a doctor is required.  \*Please refer to Instructions for Requesting Special testing Accommodations for extended test time. | |
| **D-3** | 3.（141%：A4→A3）の  3.Use of enlarged test papers (enlarged by 41%, from A4 to A3 size) |
| **D-4** | 4.の  はにをし、にのが（マークシート）にします。  4. Transcription of answers onto answer sheets  Examinees to write answers directly on the test booklets and the staff at the host institution to copy the answers onto the answer sheet after the test. |