

IF YOU HAVE A DISABILITY AND MAY REQUIRE SOME ACCOMMODATION IN TAKING ANY EXAMINATION REQUIRED FOR LICENSURE, CERTIFICATION, OR REGISTRATION, BE SURE TO FILL OUT AND SUBMIT THIS FORM ALONG WITH YOUR APPLICATION.

TESTING ACCOMMODATIONS REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name: _____

Address: _____

Phone #: _____ SSN: _____

Nature of your disability: _____

Accommodations requested for the _____ examination.
(check all that apply)

_____ Accessible Testing Site

_____ Braille _____ Large Print _____ Tape

_____ Reader as accommodation for visual impairment

_____ Scribe-amanuensis as accommodation for visual or motor impairment

_____ Reader as accommodation for learning disability

_____ Scribe-amanuensis as accommodation for learning disability

_____ Sign Language Interpreter

_____ Extended Time

_____ Time-and-a-half _____ Double Time

_____ More than double time (specify): _____

_____ Separate testing area

_____ Use of computer or other adaptive equipment (specify): _____

_____ Other: _____

Comments: _____

Signed: _____ Date: _____

**Some accommodation requests may require additional documentation
(see reverse side)**

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER RECENT TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known _____ since _____ in my capacity as a
(test applicant) (date)

(professional title)

Nature of the applicant's disability _____

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he-she should be accommodated by providing the following: (check all that apply)

_____ Taped test

_____ Large print test

_____ Reader

_____ Scribe-amanuensis

_____ Extended time:

_____ Time-and-a-half _____ Double time

_____ More than double time (please justify)

_____ Separate testing area

_____ Use of computer or other adaptive equipment (please specify)

_____ Other (please specify)

Printed Name: _____

Signed: _____ Title: _____

Date: _____ License # (if applicable): _____