

# REASONABLE ACCOMMODATION REQUEST FOR EXAMINEES WITH DISABILITIES

Name:

## RETURN APPLICATION TO:

Continental Testing Service  
P.O. Box 100  
LaGrange, IL 60525

Submit the following with this application:

1. Current documentation from a doctor, psychologist, psychiatrist or other appropriate professional certifying your disability.
2. Documentation of special services and testing accommodations you received in school because of your disability.
3. A letter describing your specific disability, when and how it was first identified and accommodations you are requesting because of it.

## I. DISABILITY STATUS (check all that apply)

A. Are you:  deaf?  blind?  hard of hearing?  visually impaired?

B. Do you have a:

Physical disability?

Please explain. \_\_\_\_\_

Specific learning disability?

Please explain. \_\_\_\_\_

Psychological disability?

Please explain. \_\_\_\_\_

C. How long have you had your disability?

Most of my life  1 year  2 years  3 years  4 years  5 years or more

## II. PAST ACCOMMODATIONS MADE FOR YOUR DISABILITY

A. In high school:

Were you in a special school or program?  Yes  No

Did you get special accommodations for classroom tests?  Yes  No

Did you generally get extra time for classroom tests?  Yes  No

B. Did you have special accommodations for taking the SAT or ACT examinations for admission to college?  Yes  No

C. In college:

Did you use disabled student services?  Yes  No

Did you generally get extra time for exams?  Yes  No

D. Did you have special accommodations for examinations.  Yes  No  
If yes, what accommodations? (Check all that apply)

Time:

Extra breaks/rest periods

Extra testing time

Other (Please explain) \_\_\_\_\_

Help:

Reader

Recorder (scribe)

Sign language interpreter

## III. CERTIFYING STATEMENT

I certify the above statements to be true.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

SS#:

Profession:

**IV. ACCOMMODATIONS REQUEST FOR EXAMINATION (check all that apply)**

Help:  Reader  Recorder (scribe)  Sign language interpreter

Time:  Extra breaks/rest periods  
 Extra testing time.

Other (Please explain): \_\_\_\_\_  
\_\_\_\_\_

**V. SABBATH OBSERVER:** To ask that your test be administered on a day other than Saturday or a holy day, please submit a letter on letterhead stationery, signed by your rabbi or minister, confirming your affiliation with a recognized religious group that observes its Sabbath on Saturday or a holy day.

I observe  the Sabbath on Saturday  a holy day which falls on the scheduled day of the examination and I will have to take the examination on another day.

**Applicant: please do not use space below. Examiners use only.**

**A. ACCOMMODATIONS REQUEST FOR EXAMINATION (check all that apply)**

Help:  Reader  Recorder  Sign language interpreter

Time:  Extra breaks/rest periods  
 Extra testing time.

Other (Please explain): \_\_\_\_\_  
\_\_\_\_\_

**B. IDENTIFICATION**

Test date: \_\_\_\_\_

Test location: \_\_\_\_\_

Test form: \_\_\_\_\_