REASONABLE ACCOMMODATION REQUEST
FOR EXAMINEES WITH DISABILITIES

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

Name: ________________________________________  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: ________________________________________________________________________________