Special Testing Accommodation Request Form

In order to have your request considered for special testing accommodations for a disability covered by the Americans with Disabilities Act, complete this form and have an appropriate licensed professional complete the Documentation of Disability-Related Needs Form.

Applicant Information

Name: _____________________________________________________________

Address __________________________________________________________

Address __________________________________________________________

City ________________ State _________ Zip Code ________________

Special Testing Accommodations

Exam Date and Location (test center) for which you are requesting accommodation:

______________________________________________________________

I would like to request the following testing accommodation(s):

☐ Circle answers in test booklet
☐ Extended testing time (time and a half)
☐ Large print test. Point size: _____
☐ Reader
☐ Separate testing area
☐ Special seating, please describe: _________________________________
☐ Wheelchair accessible testing site
☐ Other special accommodations (please specify):
DOCUMENTATION OF DISABILITY-RELATED NEEDS
BY QUALIFIED PROVIDER

This form must be completed by a licensed health care provider or an educational / testing professional. The nature of the disability, identification of the test(s) used to confirm the diagnosis, a description of past accommodations made for the disability, and the specific testing accommodations requested must be included.

Professional Documentation

I have known __________________________ since ______ in my capacity as a(n) ________________

(Name of Applicant) (Date)

______________________________________.

(Professional Title)

The applicant discussed with me the nature of the test being administered. It is my opinion that because of this applicant’s disability described below, he/she should be accommodated by providing the special arrangements listed on the Special Testing Accommodation Request Form.

Comments on Disability:

Signature: ____________________________________________

Title: ________________________________________________

Organization: _________________________________________

License # (if applicable): _________________________________

Phone Number: ___________________________ Date: __________

Candidate Instructions: Return this form with a copy of the Special Testing Accommodation Request Form to:

InFRE
P.O. Box 1860
Lubbock, TX 79408-1860

Or fax this form to: 806-742-6102