



REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, **please complete this form and the Documentation of Disability-Related Needs on the reverse side so your accommodations for testing can be processed efficiently.** The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

CANDIDATE INFORMATION

Name (Last, First, Middle Initial, Former Name)

Mailing Address

City State Zip Code

Daytime Telephone Number

SPECIAL ACCOMMODATIONS

I request special accommodations for the _____ examination.

Please provide (check all that apply):

- Reader
- Extended testing time (time and a half)
- Reduced distraction environment
- Please specify below if other special accommodations are needed.

Comments: _____

Return this form with your examination application to the AFO host contact.



DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that the Host/NRPA is able to provide the required examination accommodations.

PROFESSIONAL DOCUMENTATION

I have known _____ since _____ in my capacity as a
Candidate Name Date

My Professional Title

The candidate discussed with me the nature of the test to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed in the Request for Special Examination Accommodations form.

Description of Disability: _____

Signed: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____ Email: _____

Date: _____ License # (if applicable) _____

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