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