

ADA Accommodation Request

Special Testing Accommodation Request Form

Applicants with disabilities covered by the Americans with Disabilities Act (or Canadian/Australian equivalent) must complete this form and have an appropriate licensed professional complete the Documentation of Disability-Related Needs Form in order for their accommodations request to be reviewed.

Applicant Information

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Special Testing Accommodations

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

Address: _____

City: _____ State: _____ Zip: _____

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): _____

Applicant Signature: _____

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) (Education Committee Chair)

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: _____

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

NAEC
Attn: Kathy Bell
1500 Klondike Rd. SW,
Ste. A211
Conyers, GA 30094

Written accommodation requests may also be scanned and submitted via email to kathy@naec.org with the words: *Accommodation Request* in the subject line of the email.