Reasonable Accommodation Request for Examinees with Disabilities

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.

Return Application To:
Continental Testing Service
P.O. Box 100
LaGrange, IL 60525

I. Disability Status (check all that apply)


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.
  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.

B. IDENTIFICATION

Test date: ____________________________________________

Test location: __________________________________________

Test form: ____________________________________________