REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and provide the Documentation of Disability-Related Needs on the next page and submit it with your application at least 45 days prior to your requested examination date. 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

Candidate ID # ______________________ Requested Test Center: ______________________

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

Mailing Address

____________________________________________________________________________________

City __________________ State __________ Zip Code __________

Daytime Telephone Number __________________ Email Address __________________

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: __________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

PLEASE READ AND SIGN:
I give my permission for my diagnosing professional to discuss with PSI staff my records and history as they relate to the requested accommodation.

Signature: ____________________________ Date: ______________

Return this form to:
PSI, 18000 W. 105th St., Olathe, KS 66061-7543
If you have questions, call Candidate Services at 800-345-6559.

Rev. 10/17/2017
Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that PSI is able to provide the required 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 on the Request for Special Examination Accommodations form.

Description of Disability: __________________________________________

___________________________________________.

Signed:____________________________________________________

Title:____________________________________

Printed Name: __________________________________________________________________________

Address: ______________________________________________________________________________

___________________________________________________________________________________________________

Telephone Number:_________________________ Email Address: _________________________________

Date: __________________________________________________________________________ License # (if applicable): ____________________________

Return this form to:

PSI, 18000 W. 105th St., Olathe, KS 66061-7543
If you have questions, call Candidate Services at 800-345-6559.