



## Request for IAHSS Examination Special Accommodation

Please complete/return this form and the "Documentation of Disability-Related Needs" on the next page **at least four weeks prior to test date**, so your accommodation for testing can be processed on time. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written consent. If you have existing documentation of the same or similar accommodation provided for you in another test situation, you may submit such documentation instead of having the second page side of the form completed by an appropriate professional.

### Applicant Information

Last Name	First Name	Middle Name
Address		
City	State	Zip Code
Daytime Telephone	Fax	E-mail

Special Accommodations:

I request special accommodation for the \_\_\_\_\_ administration date of the \_\_\_\_\_ examination.  
(Date) (Test Name)

Please put a checkmark in the box next to all that apply:

Computer Testing	
<input type="checkbox"/>	Reader (must be provided by candidate)
<input type="checkbox"/>	Extended testing time

Other special accommodations (please specify):

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Comments:

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Email this completed form to [info@iahss.org](mailto:info@iahss.org)**



## Documentation of Disability-Related Needs

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If you have a learning disability, a psychological disability, or other disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. If you have existing documentation of the same or similar accommodation provided for you in another test situation, you may submit such documentation instead of completing the "Professional Documentation" portion of this form.

### Professional Documentation

I have known \_\_\_\_\_ since \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Applicant)

in my capacity as \_\_\_\_\_.  
(Professional Title)

The applicant discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements identified on the accompanying **Request for IAHSS Examination Special Accommodation**.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

License # (If applicable): \_\_\_\_\_

Date: \_\_\_\_\_

**Please email this form to [info@iahss.org](mailto:info@iahss.org)**