ADA ACCOMMODATIONS

National Society of Professional Surveyors provides reasonable accommodations for individuals who have one or more documented disabilities within the meaning of the Americans with Disabilities Act of 1990 (ADA), as amended. If you have a documented disability covered under the ADA and require test accommodations, you must notify NSPS in writing each time you apply to take a NSPS exam. The guidelines in the following sections will help ensure that you complete your request form correctly:

- General Guidelines for Accommodations
- Guidelines for Accommodations Based on Learning Disabilities
- Guidelines for Accommodations Based on Attention-Deficit/Hyperactivity Disorder

A. General Guidelines for Accommodations

NSPS will provide accommodations for candidates who provide appropriate and timely documentation from qualified professionals of their disability and its effect on their ability to take the exam under standard conditions. The following information should help you in completing your request for accommodation:

- Definition of Disability
- Accommodations Available
- Documentation Required

Definition of Disability
The ADA defines disability as a physical or mental impairment that substantially limits one or more major life activities, such as walking, seeing, hearing, or learning. Having a diagnosed impairment does not necessarily mean that an individual is disabled within the meaning of the ADA, and not all disabilities require test accommodations.

Accommodations Available
Under the ADA, entities that administer standardized examinations must offer the examinations in a place and manner that are accessible to persons with disabilities. This may require reasonable modifications to the manner in which the test is administered. Available accommodations include but are not limited to the following:

- Reader
- Scribe
- Extended testing time
- Auxiliary aids and services, such as large-print type
- Extra breaks

The goal of test accommodations is to ensure that the test results of an individual with documented disabilities "accurately reflect the individual's aptitude or achievement level or whatever other factor the examination purports to measure, rather than reflecting the
individual's impaired sensory, manual or speaking skills (except where those skills are the factors that the test purports to measure)." (ADA Regulations)
The goal of NSPS is to provide all qualified candidates access to the testing program. This includes disabled candidates who demonstrate functional limitations that affect their ability to take the exam.

Documentation Required
The purpose of documentation is to demonstrate that the individual is covered under the ADA and has a legitimate need for accommodations. It is important, therefore, that the documentation establish (i) the existence of a physical or mental impairment, (ii) whether your impairment substantially limits one or more major life activities within the meaning of the ADA, and (iii) whether and how your impairment limits your ability to take the test under standard conditions.

You must submit a request form (attached) and other documentation to NSPS in writing each time you apply to take a NSPS exam with accommodations. Be sure to submit the form that applies to your situation; either a first-time request or a subsequent request for accommodations.

If you are requesting accommodations from NSPS for the first time, you must:

- Complete the Application for Candidates Requesting Test Accommodations
- Submit a Certification of Prior Test Accommodations form if appropriate
- Submit documentation from qualified professionals to support your need for accommodation

You must submit documentation from a qualified professional who is licensed or otherwise properly credentialed and possesses expertise in the disability for which modifications or accommodations are being sought. Types of professionals who might possess the appropriate credentials and expertise are doctors (including psychiatrists), psychologists, nurses, physical therapists, vocational rehabilitation specialists, school counselors, and licensed mental-health professionals.

Careful consideration will be given to the recommendation of a qualified professional who has personally observed you in a clinical setting and has determined – in their clinical judgment and in accordance with generally accepted diagnostic criteria supported by reasonable documentation—that you are substantially limited in one or more major life activities within the meaning of the ADA and that you need to request a test accommodation in order to demonstrate your ability and achievement level.

If you are requesting an accommodation for this examination based on accommodations granted in the past in other testing situations, complete the Certification of Prior Test Accommodations. Provide documentation of past modifications, accommodations or auxiliary aids and services received in similar testing situations as well as such modifications, accommodations, or related aids and services provided in response to an Individualized Education Program (IEP) or plan providing services pursuant to Section 504 of Rehabilitation
Act of 1973. To prevent delays in processing your application, carefully read the criteria for documentation that is given below.

Subsequent Accommodation Requests
If you have received test accommodations for a NSPS exam within the last 3 years and would like to request accommodations again, you must complete the Form for Requesting Subsequent Test Accommodations and supply any necessary documentation to support your request for accommodations. You must submit this form to receive accommodations again, regardless of any previous accommodations you have received from NSPS.

All documents submitted in support of a request for accommodations must meet the following criteria:

- **State a specific diagnosis of the disability.** A professionally recognized diagnosis for the particular category of disability is required, for example, the *Diagnostic and Statistical Manual of Mental Disorders- Fourth Edition* (DSM-IV) diagnostic categories for learning disabilities.

- **Be Current.** Because the provision of reasonable accommodations is based on how the candidate’s disability currently affects the testing activity, it is in the individual’s best interest to provide recent documentation. Since the manifestations of a disability may vary over time and in different settings, in most cases, an evaluation should have been conducted within the past three years. If the request is based on a consistent history of diagnosis of a disability, the qualified professional should provide historical documentation of the disability. Documentation may consist of academic records and other objective evidence relating to specific disability for which an accommodation is being requested.

- **Describe the specific diagnostic criteria and name the diagnostic test used,** including dates of evaluation, specific test results, and an interpretation of the test results. This description should include relevant educational, developmental, and medical histories. Diagnostic tests used should be appropriate to the disability and current professional practices within the field. Informal or nonstandardized evaluations should be described in enough detail that other professionals can understand their role and significance process.

- **Describe in detail the limitations caused by the diagnosed disability,** particularly the impact on functioning in regard to the exam process, and explain the relationship of diagnostic test results to the identified limitations. The current functional impact on physical, perceptual, and cognitive abilities should be fully described; for example, a candidate with macular degeneration might be described as having reduced central vision, which limits the ability to read in some specified manner.

- **Recommend specific accommodations and/or assistive devices,** including a detailed explanation of why these accommodations or devices are needed and how
they will reduce the impact of the identified functional limitation. Include specific accommodations that have been granted in the past and under what conditions. If no prior accommodations have been provided in school, in jobs, or by other testing organizations, the evaluator and/or the individual requesting accommodations should explain why no accommodations were given in the past and why accommodations are needed now.

- **Establish the professional credentials of the evaluator** that qualify him or her to make the particular diagnosis, including information about his or her license or certification and specialization in the area of the diagnosis.
Application for Candidates Requesting Test Accommodations

If you are making a request for accommodations with NSPS for the first time, you must complete the Application for Candidates Requesting Test Accommodations. Submission of an accommodation request does not guarantee that testing accommodations will be provided. NSPS will review your request and professional recommendations to determine whether a qualifying disability has been documented.

1. Sign the Application and personal statement where indicated.

2. The deadline for submitting requests for accommodations is the same as the deadline for applying to take the exam. Contact NSPS for the registration dates. NSPS encourages you to submit your request and documentation well in advance of the exam registration deadline in case questions arise regarding the request or the documentation submitted in support of that request.

3. Send your request for test accommodations and your supporting documentation to:

   National Society of Professional Surveyors  
   Attn: Education and Certification Department  
   5119 Pegasus Ct, Suite Q  
   Frederick, MD 21704

Incomplete requests or requests not received by the registration deadline of the requested exam may be denied. Do not include your accommodation request materials with your exam application. The address for the exam applications is shown in the exam registration materials.
Application for Candidates Requesting Test Accommodations

NSPS must receive your request form by the registration deadline of the exam you wish to take.

Please type or print.

1. Accommodations are requested for the following exam:

2. Candidate’s name: ____________________________________________

   Last  First  Middle Initial

3. Last four digits of your Social Security number:__________________

4. Address: ____________________________________________________

   City       State/Province       Zip Code

   Country     Daytime Telephone Number

5. E-mail address: ____________________________________________

6. Nature of the disability:
   □ Hearing  □ Psychiatric  □ Learning  □ Visual  □ Physical
   □ Other

7. How long ago was your disability first professionally diagnosed?
   □ Less than 1 year  □ 1-2 years  □ 2-4 years  □ 5 or more years

8. What accommodation(s) are you requesting? (Accommodations must be appropriate to the disability.)

   __________________________________________________________

   __________________________________________________________
9. If you are requesting additional time, please indicate the amount of time as supported by your documentation:

- Additional break time (specify): __________________________
- Additional testing time (specify): __________________________
- Other (specify): ________________________________________

10. Do you require wheelchair access at the exam facility?  □ Yes  □ No

If you require an adjustable-height table, please indicate the number of inches from the floor: __________

11. What other prior classroom or test accommodations have you received? Have you been part of an Individualized Education Program (IEP) provided under the Individuals with Disabilities Act (IDEA) or a plan of providing services pursuant to Section 504 of the Rehabilitation Act of 1973 (Section 504 Plan)? Identify the test, the testing entity, the date of the test and the accommodations granted.

12. Complete the table below to indicate which of the standardized or other exams you have received accommodations for:

<table>
<thead>
<tr>
<th>Exam</th>
<th>Month/Year</th>
<th>Accommodation(s) Received</th>
<th>Amount of extra time</th>
<th>Date Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAT</td>
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<td>ACT</td>
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<td>FE</td>
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<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>

13. Have you requested accommodations on any prior standardized exams but been denied your requested accommodations?  □ Yes  □ No

If yes, please identify the applicable exam(s), and whether you tested without accommodations.

________________________________________________________________________
14. If you received accommodations at a school you attended, complete the following. If the accommodations included testing accommodations, have an appropriate official at your university, college, or school complete the Certification of Prior Test Accommodations form.

a. College: ☐ Yes ☐ No
If yes, accommodation(s) received: __________________________

b. Secondary: ☐ Yes ☐ No
If yes, accommodation(s) received: __________________________

15. To document your need for accommodations as completely as possible, complete the attached personal statement describing your disability and its impact on your daily life, your educational functioning, and your ability to take the NSPS exam under standard conditions.

16. Include an evaluation or statement from a qualified professional that identifies a specific diagnosis and recommendation for accommodations. Note that this evaluation is in addition to the Certification of Prior Test Accommodations form described in Item 14 above.

17. If clarification or further information regarding the documentation provided is needed, I authorize NSPS to contact the professional(s) who diagnosed the disability and/or those entities that have previously provided me with accommodations. I authorize such professional(s) and entities to communicate with NSPS in this regard and to provide NSPS with copies of relevant documents. I also authorize NSPS to provide information and documents relating to my request, at its discretion, to third-party consultants who have expertise that is relevant to the disability which prompted my request for accommodations.

Signature: __________________________ Date: __________________________

Mail your completed questionnaire, your personal statement, and supporting documentation from the appropriate qualified professional(s) to:

National Society of Professional Surveyors
Attn: Education and Certification Department
5119 Pegasus Ct, Suite Q
Frederick, MD 21704
Personal Statement and Current Evaluation

Use this space to complete Items 15 and 16 from the Application for Candidates Requesting Test Accommodations.

Describe below the impairment(s) for which you are seeking test accommodations and the impact that the impairment(s) has on your daily life, your test and examination functioning, and your ability to take the NSPS exam under standard conditions. In addition, attach a current evaluation or statement from a qualified professional stating a specific diagnosis and recommendation for accommodations.

Please type or print.

You are required to attach a statement from a qualified professional.

Signature________________________________________

Date________________________________________
Certification of Prior Test Accommodations
To be completed by the organization official responsible for disability services.

Please type or print

Candidate's Name:______________________________________________________________

1. I,________________________, hold the position ____________________________
   Name of School Official
   Title

2. I certify that______________________________________________________________
   Name of Institution
   Officially approved and provided the following test accommodations for the above
   candidate beginning________________________.
   Date (Month/Year)

3. Accommodation(s) provided:_______________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

4. Reason for providing accommodation(s):_____________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

Signature:__________________________________________ Date:________________________

Daytime Telephone Number:____________________________________________________

Candidates: Mail this form to the following address:

National Society of Professional Surveyors
Attn: Education and Certification Department
5119 Pegasus Ct, Suite Q
Frederick, MD 21704
Form for Requesting Subsequent Test Accommodations

If you have received test accommodations for a NSPS exam within the past three years, you must complete the Form for Requesting Subsequent Test Accommodations. This form constitutes your official notification to NSPS of a request for test accommodations. You must submit this form to receive accommodations again, regardless of any previous accommodations you have received from NSPS; that is, if you have a documented disability covered under the ADA and requires test accommodations, you must notify NSPS in writing each time you apply to take a NSPS exam.

If you are requesting the same accommodations as previously requested, you need only complete this form. If you are requesting different accommodations, this form must be accompanied by documentation from a qualified professional explaining any changes in your disability and recommending appropriate based on these changes.

The deadline for submitting requests for accommodations is the same as the deadline for applying to take the exam. Contact NSPS for the registration dates. NSPS encourages you to submit your request and documentation well in advance of the exam registration deadline in case questions arise regarding the request or the documentation submitted in support of that request. Be sure your request contains all supporting documentation. Incomplete requests and requests received after the applicable deadline will not be considered.

Send your request for test accommodations and your supporting documentation to:

National Society of Professional Surveyors
Attn: Education and Certification Department
5119 Pegasus Ct, Suite Q
Frederick, MD 21704

Incomplete requests or requests not received by the registration date of the requested exam may be denied. Do not include your accommodation request materials with your exam application. The address for exam applications is shown in the exam registration materials.
Form for Requesting Subsequent Test Accommodations

NSPS must receive your request form and supporting documentation by the registration deadline of the exam you wish to take.

Please type or print.

_____ I have received test accommodations for a previous NSPS exam, and I am requesting the previously provided accommodations for the exam noted below. Submitting this form constitutes your official notification to NSPS of a request for test accommodations. Arrangements will be made once the prior accommodations have been confirmed and your request is processed.

_____ I require different accommodations from those previously provided because of a change in the nature and extent of my disability.

    Submitting this form constitutes your official notification to NSPS of a request for test accommodations.

Date of prior accommodation: ________________________________

NSPS examination for which accommodation was provided: ________________________________

If you are requesting different accommodations, briefly describe the change in the nature or extent of your disability and attach documentation from a qualified professional supporting the need for a change in accommodations:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Candidate’s name: ________________________________

Current mailing address: ________________________________

_________________________________________________________________________________

Daytime telephone number: ________________________________

E-mail Address: ________________________________

Last four digits of your Social Security number: ________________________________
Requested exam:__________________________ Month and year:_____________________

Exam location (city and state):________________________________________________________

Signature:__________________________ Date:______________________________

Mail this form to:

National Society of Professional Surveyors
Attn: Education and Certification Department
5119 Pegasus Ct, Suite Q
Frederick, MD 21704