Accommodation Request Form

The information requested below 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 permission.

Name: _____

Address: _____

_____

Telephone: _____ Social Security #:_____

Accommodations requested for the Assisted Living Administrators' examination:
Please check appropriate box(s).

- ☐ Accessible Testing Site
- ☐ Braille ☐ Large Print ☐ Tape
- ☐ Reader as accommodation for visual impairment
- ☐ Scribe/amanuensis as accommodation for visual or motor impairment
- ☐ Reader as accommodation for learning disability
- ☐ Scribe/amanuensis as accommodation for learning disability
- ☐ Sign Language Interpreter
- ☐ Extended time: ☐ Time-and-a-half ☐ Double Time
  ☐ More Than Double Time (please specify) _____
- ☐ Separate Testing Area
- ☐ Use of computer or other adaptive equipment (please specify)_____

_____

Comments: _____

_____

Signed: _____ Date: _____

<u>Accommodation requests require Documentation of Disability Related Needs form to be completed and returned with this form.</u>
(See following page)

Board of Examiners of Assisted Living Administrators
5921 Carmichael Road
Montgomery, Alabama 36117

Documentation of Disability Related Needs

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of have this portion of the form completed.

I have known _____ since _____

in my capacity as a _____.

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (Please check appropriate box(s))

- ☐ Braille Test
- ☐ Large Print Test
- ☐ Taped Test
- ☐ Reader
- ☐ Scribe/amanuensis
- ☐ Sign Language Interpreter
- ☐ Extended time: ☐ Time-and-a-half ☐ Double Time
  ☐ More than Double Time (please specify): _____
- ☐ Separate Testing Area
- ☐ Use of computer or other adaptive equipment (please specify): _____

_____

- ☐ Other (please specify): _____

_____

Signed: _____ Date: _____

Title: _____ License #: _____