

Questionnaire for Candidates Requesting Test Accommodations

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

1. Read the guidelines in Section II carefully. Share them with the professionals who will be preparing your supporting documentation. The information in the guidelines is intended for candidates, evaluators, university officials, and others involved in the process of documenting a request for test accommodations.
2. Be sure to provide all requested information on the questionnaire. The individual requesting accommodations must personally submit a written request. Requests by a third party, such as an evaluator or university official, will not be accepted.
3. In addition to the questionnaire and the personal statement from the candidate, the request for accommodation must include a detailed, comprehensive written report from a qualified medical or psychological professional describing the disability and the resulting functional limitations and explaining the need for the requested accommodations. It must also include specific recommendations for accommodations deemed appropriate. Compare your documentation with the information listed in the guidelines to ensure that your request form is complete. Incomplete documentation may delay processing of your request.
4. Have your college, university, or school complete the Certification of Prior Test Accommodations form if you have received accommodations from them previously.
5. Sign the questionnaire and personal statement where indicated.
6. The deadline for submitting requests for accommodations is the same as the deadline for applying to take the exam in your jurisdiction. Contact your licensing board or testing agent for the registration dates in your jurisdiction. NCEES 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.
7. Send your request for test accommodations and your supporting documentation to:

NCEES
Attn: Special Accommodations Coordinator
P.O. Box 541
Alpharetta, GA 30009

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 exam applications is shown in the exam registration materials.

Questionnaire for Candidates Requesting Test Accommodations

NCEES 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: _____

Exam date (month and year): _____

Exam location (city and state): _____

2. State board where exam application is being filed: _____

3. Candidate's name: _____
Last First Middle Initial

4. Gender: Male Female

5. Date of birth: _____

6. Social Security number: _____

7. Address: _____
Street

_____ City State/Province Zip Code

_____ Country Daytime Telephone Number

8. E-mail address: _____

9. University/college or school: _____

10. Nature of the disability:

Hearing Psychiatric Learning Visual Physical Other

11. How long ago was your disability first professionally diagnosed?

Less than 1 year 1–2 years 2–4 years 5 or more years

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

13. 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): _____

14. 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: _____

15. What other prior classroom or test accommodations have you received? _____

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

Exam	Month/Year	Accommodation(s) Received	Amount of Extra Time	Date Approved
SAT				
ACT				
GRE				
GMAT				
FE				
Other				

17. 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), state, whether you tested without accommodations, and your scores. _____

18. 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 or elementary school: Yes No
If yes, accommodation(s) received: _____
19. To document your need for accommodation 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 NCEES exam under standard conditions. While your comments should address standardized test performance, they should also address your overall functioning.
20. Include a **current evaluation** or statement from a qualified medical or psychological professional that identifies a specific diagnosis and recommendations for accommodations. Note that this evaluation is *in addition* to the Certification of Prior Test Accommodations form described in Item 18 above.
21. If clarification or further information regarding the documentation provided is needed, I authorize NCEES 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 NCEES in this regard and to provide NCEES with copies of relevant documents. I also authorize NCEES 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:

NCEES
Attn: Special Accommodations Coordinator
P.O. Box 541
Alpharetta, GA 30009

Certification of Prior Test Accommodations

To be completed by a school official responsible for student 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:

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