REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the next page so your accommodations for testing can be processed efficiently. 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 (ETCP/PSI Identification Number)

Social Security # _____ – _____ – _____ Requested Assessment Center: _____

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

_____
Mailing Address

_____

_____
City State Zip Code

_____
Daytime Telephone Number

Special Accommodations

I request special accommodations for the _____ examination.

Please provide (check all that apply):

_____ Special seating or other physical accommodations
_____ Reader
_____ Extended testing time (time and a half)
_____ Distraction-free room
_____ Other special accommodations (Please specify.)

_____
_____
_____

Comments: _____
_____
_____

Signed: _____ **Date:** _____

Return this form with your examination application and fee to:
ETCP, 630 Ninth Ave, Suite 609, New York, NY 10036.
If you have questions, call PSI at 913/895-4600
or ETCP at 212/244-1505, ext. 705

DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that PSI is able to provide the required examination accommodations.

Professional Documentation

I have known _____ since _____ / _____ / _____ in my capacity as a
Examination Candidate Date

_____.
Professional Title

The candidate discussed with me the nature of the examination 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:_____ E-mail Address:_____

Date: _____ License # (if applicable): _____

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