

2012 DANB Exam Reasonable Accommodations Form
This 2012 reasonable accommodation form will be accepted through December 31, 2012.

For candidates covered by the Americans with Disabilities Act ONLY

To be completed by the candidate's physician, psychologist or another professional qualified to diagnose disabilities. **A license number must be provided.** Complete and submit **all** required information with the candidate's application to be considered for **ALTERNATE** arrangements for the test administration. *Contact Katy Hotsenpiller with any questions (1-800-367-3262, ext. 452).*

DANB requires the following requirements be met and documentation to be provided before reasonable accommodations will be considered for approval:

1. Clearly state the diagnosed disability or disabilities
2. Describe the functional limitations resulting from the disability or disabilities
3. Be current — i.e., completed within the last five years for learning disability (LD), last six months for psychiatric disabilities, or last three years for ADHD and all other disabilities; NOTE: this requirement does not apply to physical or sensory disabilities of a permanent or unchanging nature
4. Include complete educational, developmental and medical history relevant to the disability for which testing accommodations are being requested
5. Include a list of all test instruments used in the evaluation report and relevant subtest scores used to document the stated disability; this requirement does not apply to physical or sensory disabilities of a permanent or unchanging nature
6. Adequately support each of the requested testing accommodation(s)
7. Be typed or printed on official letterhead and be signed by an evaluator qualified to make the diagnosis; include information about license or certification and area of specialization

DANB reserves the right to authorize the use of modifications in such a way as to maintain the exam integrity and security. DANB exams are administered only in the English language. Reasonable accommodations will not be approved for candidates who request accommodations because English is a second language.

Candidate Information

Please print clearly.

Candidate's Name _____ Candidate's SSN: _____ - _____ - _____
Candidate's Address _____
Candidate's City _____ State _____ Zip _____
Candidate's Phone Number(s): Office (____) _____ Home (____) _____ Cell (____) _____
E-mail: _____

Physician, Psychologist or Other Qualified Professional Information

Name _____ Degree(s) Held _____
Address _____
City _____ State _____ Zip _____ E-mail _____
Phone Number(s): Office (____) _____ Home (____) _____
Candidate's Diagnosed Disability(ies) _____

Reasonable Accommodation Needs

CHECK ALL THAT ARE REQUIRED:

- Reader; a separate room will automatically be provided
- Separate room (if available); *testing facilities can provide earplugs*
- Additional time – Specify the greatest amount of time needed below:
 - Additional 30 minutes Time and a half Double time
- Other accommodations (if available) Specify here: _____

FOR DANB USE ONLY

Reviewed by:

initials

date

Signature of physician, psychologist or other professional qualified to diagnose disabilities

License Number (must be included)

Date

If ALL of the above information is not disclosed, required documentation is not included, or this form is not submitted with the candidate's application, DANB WILL NOT consider the request for an accommodation.