

## Documentation of Disability-Related Needs

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Please have the appropriate professional (doctor, psychologist, psychiatrist) complete this form to document the need for the requested test accommodation(s).

### Professional Documentation

I have known \_\_\_\_\_  
**EXAM CANDIDATE (PRINT NAME)**

in my capacity as a \_\_\_\_\_  
**PROFESSIONAL TITLE**

since \_\_\_\_/\_\_\_\_/\_\_\_\_  
**MONTH      DATE      YEAR**

The applicant discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability described below, he/she should be accommodated by providing the special test accommodations listed on the *Form 5a*.

Description of Disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

License # (if applicable): \_\_\_\_\_