

Request for ABA Test Accommodations

If you have a disability covered by the Americans with Disabilities Act (ADA), please complete this form and the *Documentation of Disability-Related Needs* form 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.

Print Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone Number: _____

Email: _____

Special Accommodations

I request special test accommodations for the _____ / _____ administration of the VASC Exam.
MONTH YEAR

Please provide (check all that apply):

_____ Reader

_____ Extended examination time (time and a half or double time)

_____ Frequent breaks

_____ Access to auxiliary items (food, medication, or medical devices)

_____ Other test accommodations (please specify)

Comments: _____

Signed: _____ Date: _____