



TEXAS DEPARTMENT OF LICENSING AND REGULATION

REQUEST FOR INDIVIDUAL ACCOMMODATIONS

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This form should be completed only if you are requesting individual-testing arrangements because you have a disability recognized by the Americans with Disabilities Act (ADA).

NAME: _____

[] YES [] NO HAVE YOU BEEN DIAGNOSED WITH A DISABILITY RECOGNIZED BY THE ADA?

INDICATE WHICH ACCOMMODATION(S) YOU REQUIRE:

- | | |
|--|--|
| <input type="checkbox"/> Large print type | <input type="checkbox"/> Time and a half |
| <input type="checkbox"/> Separate testing area | <input type="checkbox"/> Double time |
| <input type="checkbox"/> Exam reader | <input type="checkbox"/> More than double time |

[] Other _____

STATE THE REASON FOR YOUR REQUEST(S): _____

Signature _____

Date _____

* Please provide documentation of disability needs on the back of this form.

OVER

DOCUMENTATION OF DISABILITY RELATED NEEDS

This section should be completed by an appropriate professional (doctor, psychologist, psychiatrist, or education professional) to certify that your disabling condition requires the requested exam accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known _____ since _____ in my capacity
(test applicant) (date)
as a _____. I have diagnosed/evaluated the applicant myself,
and I am not relying solely on facts related to me by the applicant. My diagnosis is
_____.

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check only those that apply)

- | | |
|--|--|
| <input type="checkbox"/> Large print type | <input type="checkbox"/> Time and a half |
| <input type="checkbox"/> Separate testing area | <input type="checkbox"/> Double time |
| <input type="checkbox"/> Exam reader | <input type="checkbox"/> More than double time |
| <input type="checkbox"/> Other _____ | |

Signed: _____

Title: _____

Printed Name: _____

Phone Number: _____

Date: _____