ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

ame:							
ddress:	:						
elephor	Social Security #:						
ccomm	nodations requested for the Assisted Living Administrators' examination: Please check appropriate box(s).						
	Accessible Testing Site						
	Braille Large Print Tape						
	Reader as accommodation for visual impairment						
	cribe/amanuensis as accommodation for visual or motor impairment						
	Reader as accommodation for learning disability						
	ribe/amanuensis as accommodation for learning disability						
	Sign Language Interpreter						
	Extended time: Time-and-a-half Double Time						
	☐ More Than Double Time (please specify)						
	parate Testing Area						
	Use of computer or other adaptive equipment (please specify)						
Com	iments:						
Signe	ed: Date:						
<u>Acce</u>	ommodation requests require Documentation of Disability Related Needs form to be comp and returned with this form. (See following page)						

This form is part of the Application for License as an Assisted Living Administrator packet produced by the Alabama Board of Examiners of Assisted Living Administrators

5921 Carmichael Road

Montgomery, Alabama 36117

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to certify that your disabling condition requires the requested test 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 have this portion of the form completed.

I have k	nown since					
in my ca	apacity as a					
because	plicant has discussed with me the nature of the test to be administered. It is my opinion of this applicant's disability, he/she should be accommodated by providing the followheak appropriate box(s))					
	Braille Test					
	Large Print Test					
	Taped Test					
	Reader					
	Scribe/amanuensis					
	Sign Language Interpreter					
	Extended time: Time-and-a-half Double Time More than Double Time (please specify):					
	Separate Testing Area					
	Use of computer or other adaptive equipment (please specify):					
	Other (please specify):					
Sign	ned: Date:					
Title	e: License #:					