

Accommodation Request Form for Learning Disabilities

Complete all information. Make sure that all sections are complete before you submit the form.

SECTION 1: CANDIDATE'S IDENTIFYING INFORMATION: To be completed by Candidate.
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First Name: _____ Last Name: _____

Account #: _____ Date of Birth: ____/____/____ Age: _____

Address: _____

City: _____ State/Province/Territory: _____ ZIP/Postal Code: _____

Phone Number: (_____) _____ - _____ Email: _____

List each professional diagnostician (e.g., psychiatrist, therapist). Attach additional sheets if necessary. Each professional diagnostician must complete Section 3.

Name: _____ Office Address: _____

Phone Number: _____ Email: _____

Length of time as patient: _____

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Have you previously been provided the same accommodation(s) you are requesting in a similar testing environment?

If “yes”, please list the provider, the time frame, and a description of the accommodation(s).

If “No”, please indicate why not.

Secondary or elementary school: Yes No

If yes, accommodation(s) received: _____

(If extra time, note amount given): _____

If no, please explain: _____

College (if applicable): Yes No

If yes, accommodation(s) received: _____

(If extra time, note amount given): _____

If no, please explain: _____

Other: Yes No

Year(s): _____

Accommodation(s) received: _____

(If extra time, note amount given): _____

If no, please explain: _____

I authorize each professional diagnostician listed to release to the Appraisal Institute or its authorized representative any and all information or documentation in his or her possession about the disability for which I am requesting accommodation(s). “Information” may include my medical history, mental or physical condition, or treatment. I agree that this authorization shall be valid until cancelled in writing by me. I understand that the Appraisal Institute will use the information obtained in this authorization to determine eligibility for a reasonable accommodation(s) with regard to Appraisal Institute examinations by reason of my disability. The Appraisal Institute reserves the right to require additional information or documentation to support this request for accommodation. I certify that the foregoing statements and those in any accompanying documents or statements are true. I understand that if I am found to have submitted false information related to this request, the Appraisal Institute will not grade or will assign a failing grade to the examination and I will be subject to possible disciplinary action under Regulation No. 6. I certify that I personally completed this application and that I may be asked to verify the above information at any time.

Candidate’s Signature: _____ **Date:** _____

SECTION 2: REQUESTED ACCOMMODATIONS: To be completed by Candidate in consultation with professional diagnostician(s).

Please indicate what accommodations you are requesting, and provide a rationale for each:

Accommodation: _____

Rationale: _____

Accommodation: _____

Rationale: _____

Accommodation: _____

Rationale: _____

Accommodation: _____

Rationale: _____

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SECTION 3: To be completed by professional diagnostician(s). Each professional diagnostician must complete this Section if there is more than one.

Name of the disorder(s) for which test accommodations are requested:

Date(s) of assessment: _____

Part 1: The professional diagnostician or an advocate must complete this section. Supporting documentation must be attached to this request form. Documentation is current if the assessment was completed within the last five (5) years.

Documentation must:

1. Include a clear diagnosis.
2. Include results from objective tests of intelligence and academic achievement (acceptable tests listed below).
3. Document the history of impairment.
4. Confirm that the underachievement is not due to other disorders, such as an emotional disorder, physical disorder, or English-as-a-second language (ESL) factors.
5. Provide information on current functional limitations that are likely to affect the Candidate's ability to take the test under standard conditions.
6. Provide a specific rationale for each requested accommodation.

Part 2: *Candidate's background information:* The qualified evaluator must provide a detailed letter or report. Examples of information that may be included:

- The history of the disorder, as well as its impact on academic functioning and functioning in other domains.
- The Candidate's educational history (not just the history of using accommodations).
- The Candidate's history of using accommodations.
- The current impact of the disorder on academic performance, employment (if relevant), and other daily activities.
- The Candidate's native language (if English is not the Candidate's native language, then complete Part 3 below).

Part 3: *To be completed only if the Candidate's native language is NOT English:* The following information should be specified in the diagnostic report (if not, please attach a letter of explanation):

- The report specifies when the Candidate first learned English.
- The report specifies the Candidate's current level of proficiency with oral as well as written English.
- The report includes a statement that English-as-a-second language (ESL) factors are not primarily responsible for the person's current academic difficulties.
- The report includes information about how the learning disability impacted language development in the person's native language.

Part 4: Regarding the diagnostic report: The following information should be specified in the diagnostic report (if not, please attach a letter of explanation):

- Age norms were used for scoring all tests (except when unavailable from the test manufacturer).
- All test scores are included in the written report (Standard scores and equivalent percentiles).
- The report includes a specific diagnosis.
- The written report includes SPECIFIC recommendations for testing accommodations (note that phrases such as “extended time” and “untimed tests” are not specific). If extra time is recommended, the exact amount (50% or 100%) is specified.
- The report must include a rationale for each recommended accommodation.

Part 5: Measurement of intelligence. Check which **ONE** of the following acceptable measures of intellectual functioning were administered:

- WAIS-IV (skip to Part 5a)
- WAIS-III, if administered on Dec. 31, 2010 or earlier (skip to Part 5b)
- WISC-IV, if administered within the past 5 years (skip to Part 5c)
- Kaufman Adolescent & Adult Intelligence Test (KAIT) (skip to Part 5d)
- Stanford-Binet Intelligence Scale-5 (SB-5) (skip to Part 5d)
- Reynolds Intellectual Assessment Scales (RIAS) (skip to Part 5d)
- WJ-III General Intellectual Ability (GIA) (skip to Part 5d)

NOTES: IQ screening measures (e.g., WASI, K-BIT) are NOT acceptable. Older editions of these tests are NOT acceptable.

Part 5a:

WAIS-IV Date: _____ // _____ // _____	Full-scale IQ: _____	Verbal Comprehension Index: _____
Processing Speed Index: _____	Working Memory Index: _____	Perceptual Reasoning Index: _____

Part 5b:

WAIS-III Date: _____ // _____ // _____	Verbal IQ: _____	Performance IQ: _____	Full-scale IQ: _____
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Note: WAIS-III results will only be accepted if the battery was administered on or before December 31, 2010.

Part 5c:

WISC-IV Date: _____ // _____ // _____	Full-scale IQ: _____	Verbal Comprehension Index: _____
Processing Speed Index: _____	Working Memory Index: _____	Perceptual Reasoning Index: _____

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Part 5d: Other intelligence scores (when completed, skip to DECISION TREE, below)

Stanford-Binet Intelligence Scales-5th ed. (SB-5)	
Date: _____ // _____ // _____	Test Composite (Standard Score): _____
WJ-III Cognitive Date: _____ // _____ // _____	GIA Score (Standard Score): _____
Reynolds Intellectual Assessment Scales (RIAS)	
Date: _____ // _____ // _____	Composite Intelligence Index: _____
Kaufman Adolescent and Adult Intelligence Test (KAIT)	
Date: _____ // _____ // _____	Composite Intelligence Index: _____

DECISION TREE:

- If the Candidate has a Reading Disorder, skip to SECTION 4.
- If the Candidate has a Disorder of Written Expression (including dysgraphia), skip to SECTION 5.
- If the Candidate has a Mathematics Disorder (including dyscalculia) or a Nonverbal Learning Disability, skip to SECTION 6.
- If the Candidate has a “Learning Disorder Not Otherwise Specified”, skip to SECTION 7.
- If the Candidate has another type of cognitive disorder, skip to SECTION 8.

SECTION 4: READING DISORDER: Documenting the academic impact. To be completed by professional diagnostician(s).

2 or more reading tests must have been administered, preferably at least one from each column

<p>Part 1: Measures of <i>untimed</i> reading achievement: Date Administered: _____ // _____ // _____ Insert the Standard scores:</p> <p>WJ-III Letter-Word Identification _____</p> <p>WJ-III Passage Comprehension _____</p> <p>WJ-III Word Attack _____</p> <p>WIAT-II / WIAT-III Word Reading _____</p> <p>WIAT-II / WIAT-III Pseudoword Decoding _____</p> <p>WIAT-II / WIAT-III Reading Comprehension _____</p> <p>PIAT-R/NU Reading Recognition _____</p> <p>PIAT-R/NU Reading Comprehension _____</p> <p>WRAT-4 Reading _____</p> <p>KTEA-II Letter & Word Recognition _____</p> <p>KTEA-II Reading Comprehension _____</p> <p>KTEA-II Nonsense Word Decoding _____</p>	<p>Part 2: Measurement of <i>timed</i> reading achievement: Date Administered: _____ // _____ // _____ Insert the Standard scores:</p> <p>WJ-III Reading Fluency _____</p> <p>*Nelson-Denny Vocabulary _____</p> <p>*Nelson-Denny Comprehension _____</p> <p>SATA Reading Vocabulary _____</p> <p>SATA Reading Comprehension _____</p> <p>Gates-MacGinitie Reading Vocabulary _____</p> <p>Gates-MacGinitie Reading Comprehension _____</p> <p>GORT-4 Oral Reading Quotient (Candidates <18 years old only) _____</p> <p>KTEA-II Word Recognition Fluency _____</p>
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*See Nelson-Denny score conversion table at the end of this form.

If the Candidate has another learning disorder, complete the applicable sections below. If not, skip to SECTION 8.

SECTION 5: DISORDER OF WRITTEN EXPRESSION:**Documenting the academic impact. To be completed by professional diagnostician(s).**

2 or more written language tests must have been administered, preferably at least one from each column

Part 1: Measures of *untimed* written language:

Date Administered: _____ // _____ // _____

Insert the Standard scores:

WJ-III Writing Samples _____

WJ-III Editing _____

WIAT-II Written Expression _____

WIAT-III Sentence Composition _____

WIAT-III Essay Composition _____

TOAL-4 Written Language Composite _____

PIAT-R/NU Written Expression _____

KTEA-II Written Expression _____

Part 2: Measures of *timed* written language:

Date Administered: _____ // _____ // _____

Insert the Standard scores:

SATA Writing Composition _____

WJ-III Writing Fluency _____

TOWL-4 Spontaneous Writing Composite _____

If the Candidate has another learning disorder, complete the applicable sections below. If not, skip to SECTION 8.

SECTION 6: Mathematics disorder: Documenting the academic impact.**To be completed by professional diagnostician(s).**

2 or more math tests must have been administered, preferably at least one from each column

Part 1: Measures of *untimed* mathematics achievement:

Date Administered: _____ // _____ // _____

Insert the Standard scores:

WJ-III Calculation _____

WJ-III Applied Problems _____

WJ-III Quantitative Concepts _____

WIAT-II Math Reasoning _____

WIAT-III Math Problem Solving _____

WIAT-III Numerical Operations _____

PIAT-R/NU Mathematics _____

KTEA-II Math Computation _____

KTEA-II Math Concepts & Applications _____

Part 2: Measures of *timed* mathematics achievement:

Date Administered: _____ // _____ // _____

Insert the Standard scores:

WJ-III Math Fluency _____

SATA Math Calculation _____

SATA Math Application _____

WRAT-4 Math Computation _____

If the Candidate has another learning disorder, complete the applicable sections below. If not, skip to SECTION 8.

SECTION 7: LEARNING DISORDER NOS (“Not Otherwise Specified”):**Documenting the academic impact. To be completed by professional diagnostician(s).**

4 or more of these tests must have been administered, preferably at least 2 from each column. At least 1 of these must be a reading test, and at least 1 must be a math test.

Part 1: Measurement of <i>untimed</i> achievement:	Part 2: Measurement of <i>timed</i> achievement:
Date Administered: _____ // _____ // _____	Date Administered: _____ // _____ // _____
Insert the Standard scores:	Insert the Standard scores:
WJ-III Letter-Word Identification _____	WJ-III Reading Fluency _____
WJ-III Passage Comprehension _____	*Nelson-Denny Vocabulary _____
WJ-III Word Attack _____	*Nelson-Denny Comprehension _____
WIAT-II / WIAT-III Word Reading _____	SATA Reading Vocabulary _____
WIAT-II / WIAT-III Pseudoword Decoding _____	SATA Reading Comprehension _____
WIAT-II / WIAT-III Reading Comprehension _____	Gates-MacGinitie Reading Vocabulary _____
PIAT-R/NU Reading Recognition _____	Gates-MacGinitie Reading Comprehension _____
PIAT-R/NU Reading Comprehension _____	GORT-4 Oral Reading Quotient (Candidates <18 years old only) _____
WRAT-4 Reading _____	KTEA-II Word Recognition Fluency _____
KTEA-I Letter & Word Recognition _____	SATA Writing Composition _____
KTEA-II Reading Comprehension _____	WJ-III Writing Fluency _____
KTEA-II Nonsense Word Decoding _____	TOWL-4 Spontaneous Writing Composite _____
WJ-III Writing Samples _____	WJ-III Math Fluency _____
WJ-III Editing _____	SATA Math Calculation _____
WIAT-II Written Expression _____	SATA Math Application _____
WIAT-III Sentence Composition _____	WRAT-4 Math Computation _____
WIAT-III Essay Composition _____	
TOAL-4 Written Language Composite _____	
PIAT-R/NU Written Expression _____	
KTEA-II Written Expression _____	
WJ-III Calculation _____	
WJ-III Applied Problems _____	
WJ-III Quantitative Concepts _____	
WIAT-II Math Reasoning _____	
WIAT-III Math Problem Solving _____	
WIAT-III Numerical Operations _____	
PIAT-R/NU Mathematics _____	
KTEA-II Math Computation _____	
KTEA-II Math Concepts & Applications _____	

*See Nelson-Denny score conversion table at the end of this form.

SECTION 8: To be completed by professional diagnostician(s).

Other possible explanations for the disorder have been investigated, considered, and ruled out:

As a professional diagnostician, you certify that the following statements are true:

- You are confident that English-as-a-second-language (ESL) factors are not primarily responsible for the person's academic difficulties.
- You are confident that a lack of educational opportunity is not primarily responsible for the person's academic difficulties.
- You are confident that another disorder (e.g., substance use disorder, a psychological or psychiatric disorder, a medical condition or physical impairment) is not primarily responsible for the person's academic difficulties.
- You are confident that during the psychoeducational evaluation the Candidate was fully engaged and appeared to be putting forth best effort.

Name of Diagnosing Professional: _____

Highest Degree and Area of Specialization: _____

License Number: _____ Expiration Date: _____ / _____ / _____ Issuing State/Province/Territory: _____

Phone Number: (_____) _____ - _____ Email: _____

I hereby certify that the above information is true and is provided pursuant to the authorization to release information by my patient. I also certify that I have the necessary specialized training to make the above diagnosis, that I personally examined the applicant named above, and that the above diagnosis and assessment of the accommodation request is my professional judgment. I understand that the Appraisal Institute may contact me with the applicant's permission to obtain further information if necessary.

Diagnosing Professional's Signature: _____ Date: _____

Nelson-Denny Reading Test score conversion

Nelson-Denny scaled scores are based on a mean of 200 and a Standard Deviation of 25. To convert the scaled scores for use on this form:

1. Write the Vocabulary or Comprehension SCALED SCORE (mean = 200) here: _____
2. Subtract 200: _____
3. Divide by 25: _____
4. Multiple by 15: _____
5. Add 100: _____
6. Write the number in the space provided in either SECTION 4 Part 2, or SECTION 7 Part 2.

Accommodations request may be scanned and email to comp@appraisalinstitute.org.

Questions?

Email us: comp@appraisalinstitute.org or call us: (312) 335-4111