

# Accommodation Request Form for Physical Disabilities & Chronic Health Conditions

**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.**

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., physician). Attach additional sheets if necessary. Each professional diagnostician must complete Section 3.**

Name: \_\_\_\_\_ Office Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Length of time as patient: \_\_\_\_\_

**Next Page**

**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 accommodation(s) you are requesting, and provide a rationale for each:

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

\_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

\_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

\_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

\_\_\_\_\_

**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: Evaluator's letter or report:** The professional diagnostician or an advocate must complete this section. The qualified evaluator must provide a detailed letter or report that meet **all** of these guidelines:

- The letter or report is no more than **1** year old.
- The letter or report is printed on the evaluator's letterhead.
- The letter or report is signed by the professional.
- The letter or report includes a specific diagnosis.
- The letter or report includes information about the current impact of the disorder on academic functioning and other activities of daily living.
- The letter or report includes information about the prognosis of the condition.
- The letter or report includes recommended testing accommodations with a rationale for each.

**Part 2: Appropriateness of extra time accommodations.** For many Candidates with physical disabilities, it may not be wise to dramatically lengthen the duration that they will sit for the test. For example, some Candidates with visual disorders have significant eye strain after reading for extended periods of time, so doubling the amount of time they will have to visually focus may not be appropriate.

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

- You have carefully considered the appropriateness of significantly lengthening the duration of the exam for this Candidate, prior to recommending extra testing time.
- You have carefully considered alternative accommodations (other than extra time).

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: \_\_\_\_\_

Accommodations request may be scanned and email to [comp@appraisalinstitute.org](mailto:comp@appraisalinstitute.org).

**Questions?**

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