Appraisal Institute®
Professionals Providing Real Estate Solutions

Accommodation Request Form for Psychological & Psychiatric Disorders

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. 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: _____

_____

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: 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 one (**1**) year.

Documentation must:

1. Include a specific diagnosis.
2. Document the history of impairment.
3. Confirm that the symptoms are not due to other disorders, such as ADHD, a learning disorder, or English-as-a-second-language (ESL) factors.
4. Provide information on current functional limitations that are likely to affect the Candidate's ability to take the test under standard conditions.
5. Provide a specific rationale for each requested accommodation.

Part 2*: Evaluator's report*: The qualified evaluator must provide a detailed report that meets **all** of these general guidelines:

- ☐ The report is no more than one (**1)** year old.
- ☐ The report is printed on the evaluator's letterhead.
- ☐ The report is signed by the professional.
- ☐ The report includes a specific diagnosis.

Part 3*: Evidence of current impairment.* The qualified evaluator must provide a detailed letter or report. Examples of information that may be included:

- ☐ Age that symptoms of the disorder first appeared.
- ☐ Age of first diagnosis.
- ☐ History of the impact of the disorder.
- ☐ The current impact of the disorder on academic functioning and other activities of daily living.
- ☐ Recommended accommodations on the test with specific rationale.
- ☐ 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 (e.g., 50%) is specified.
- ☐ The report must include a rationale for each recommended accommodation.

Part 4: *Meeting DSM-IV-TR criteria for a psychological disorder***:** The detailed letter or report must discuss how the individual meets **ALL the DSM-IV-TR diagnostic criteria for the disorder** (not just manifestation of symptoms).

Part 5: Documenting the functional impact of the disorder. List **2 or more** *activities of daily living* that are impaired as a result of the person's condition. NOTE: *Activities of daily living* include such basic tasks as operating a motor vehicle, caring for oneself, engaging in appropriate social interactions, employment, marital relations, and participating in academic pursuits.

List **2 or more** *activities of daily living* that are impaired as a result of the person's condition here:

_____

_____

_____

_____

Part 6: 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 language or cultural differences are not primarily responsible for the person's presenting problems.
- ☐ You are confident that another disorder (e.g., ADHD, a learning disability, or a medical condition or physical impairment) is not primarily responsible for the person's symptoms.
- ☐ You are confident that during the psychological evaluation the Candidate was fully engaged and appeared to be putting forth best effort.

Part 7: *Appropriateness of extra time accommodations*. For many Candidates with psychological disorders, it may not be wise to dramatically lengthen the duration that they will sit for the test. For example, some Candidates with emotional conditions have trouble sustaining their concentration over time, so doubling the amount of time they will have to focus may not be appropriate. For other Candidates, simply providing them the opportunity to take the test in a separate room may be the only accommodation needed.

As a mental health 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 on the test.
- ☐ You have carefully considered alternative accommodations (other than extra time), such as testing in a separate room.

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: _____

The completed Accommodation Request Form along with all supporting documentation may be scanned and emailed to comp@appraisalinstitute.org

Or faxed to: (312) 335-4283.

Questions?

Email us: comp@appraisalinstitute.org

Call us: (312) 335-4111