

Pearson VUE REASONABLE ADJUSTMENT REQUEST FORM – Brief version*

Please complete sections #1 and 2 of this request form and attach supporting documentation as detailed in section #3 of this form to complete your request.

SECTION 1: CANDIDATE’S IDENTIFYING INFORMATION

FULL NAME: _____

CERTIPORT USERNAME or CERTIPORT ID: _____

DATE OF BIRTH: _____ / _____ / _____ AGE: _____
MONTH DAY YEAR

ADDRESS: _____

CITY/STATE/COUNTRY: _____

ZIP/POSTAL CODE _____ PHONE NUMBER: _____

EMAIL: _____

EMAIL #2: _____

(Optional: This email address will be cc'ed on communication from Pearson VUE.)

If you are under 18, a parent or guardian must also sign.

(If you are over 18, please skip to Section #2.)

PARENT/GUARDIAN’S NAME
 (IF CANDIDATE IS UNDER 18): _____

PARENT/GUARDIAN’S SIGNATURE
 (IF CANDIDATE IS UNDER 18): _____

***Note:** This form is to be used by candidates requesting reasonable adjustments for “low-stakes” testing. Low-stakes testing does not include testing for licensure, professional entrance exams, or credentialing. In the future, if you choose to take one of these “high-stakes” exams, you may need to provide additional documentation of your disability and need for adjustments.

SECTION 2: REQUESTED ADJUSTMENTS

Please indicate the name(s) of the exam(s) for which you are requesting reasonable adjustments (please be specific):

Exam name(s): _____

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

Extended Time: Standard time + 100%

Other (specify) _____

Rationale for each requested adjustment: _____

WHAT IS YOUR DISABILITY? (Check all that apply)

- Learning or other Cognitive Disorders (i.e., dyslexia)
- Attention-Deficit/Hyperactivity Disorder (ADD/ADHD)
- Psychological and Psychiatric Disorder (i.e., depression, bipolar disorder)
- Physical Disorders and Chronic Health Conditions (i.e., a vision disorder, mobility impairment)

Notes:

1. We reserve the right to request evidence as to the qualifications of the professional or doctor whose documentation is submitted.
2. If Pearson VUE has additional questions about the candidate's access needs, candidate agrees to participate in an interactive process to determine how his/her needs can be met.

This Request Form and supporting documentation must be faxed to 801-492-4160.

Please allow up to 10 business days for the review and processing of your request.

QUESTIONS? EMAIL US: ACCOMMODATIONSCERTIPORT@PEARSON.COM

SECTION 3: GUIDELINES FOR REASONABLE ADJUSTMENTS—BRIEF VERSION

INTRODUCTION

Pearson VUE is committed to ensuring access to testing programs for all individuals with disabilities. Pearson VUE provides reasonable adjustments to individuals with documented disabilities who demonstrate a need for such. For example, applicants with documented medical, sensory, motor, psychiatric or learning conditions may request someone to record answers, a separate testing room, extra testing time, or presentation of the material in large print. It is essential that the documentation provide a clear explanation of the current functional limitation and a rationale for the requested adjustments.

DETAILED DOCUMENTATION GUIDELINES

All candidates who are requesting disability related reasonable adjustments must provide current documentation of their condition and rationale for the requested adjustments.

How old is your supporting documentation?

DISABILITY CATEGORY	MAXIMUM AGE OF DOCUMENTATION
Learning and other Cognitive Disorders (dyslexia).....	5 Years
Attention-Deficit/Hyperactivity Disorder (ADD/ADHD).....	3 Years
Psychological and Psychiatric Disorders.....	1 Year
Physical Disorders and Chronic Health Conditions.....	1 Year

One or more of the following documents must be submitted with the applicant's request form:

- Educational or psychological report
- Current or recent school-based special education plan
- Detailed letter from a qualified professional that describes the disabling condition, functional limitations, and rationale for the requested adjustments

Any documentation that is submitted must:

- Be printed on the evaluator's or school's official letterhead
- Be signed by the evaluator, doctor, or school official
- Include a clear diagnosis
- Provide information on current functional limitations that are likely to affect the candidate's ability to take the exam under standard conditions
- Provide a specific rationale for each requested adjustment

Effective 2/1/15