



CONTINENTAL TESTING SERVICES, INC.
P.O. Box 100 • LaGrange, Illinois 60525
800-359-1313 • 708-354-9911 • fax 708-354-9922
www.continentaltesting.net

Dear Applicant:

Standards for Special Accommodations are set forth by the Illinois Department of Financial and Professional Regulation. All special accommodation requests for Illinois professions must include the following:

1. You must supply a written request to modify examination procedures (time, reader, scribe, etc.) along with all other documentation. The written request should specify the modifications requested and rationale for same.
2. A letter from the education program indicating the need for the modification and explaining how the educational program handled the situation (ie: separate testing area, length of additional time given.) If you were not given modifications in your educational setting, please indicate as such and explain why not in your written request above (#1).
3. A letter and detailed report from an appropriate professional person confirming the diagnosis of the disability and naming the specific disability. Include information on all tests given and their results as applicable to the diagnosis.
4. The completed "Request for Reasonable Accommodations" form (see attached)
5. The completed exam application or registration form and test fee, as listed on the reference sheet, must be received by the final filing deadline.

All special accommodation requests and above documentation must be sent to Continental Testing Services, Inc. (CTS). Your request for special accommodations will not be sent to the Illinois Department of Financial and Professional Regulation for approval until all above items are received by CTS.

Please feel free to contact Nayna Byers, CTS Test Administrator, at 708-354-9911 x104 with any questions or concerns.

REASONABLE ACCOMMODATION REQUEST FOR EXAMINEES WITH DISABILITIES

Name: _____

SS#: _____

Profession: _____

RETURN APPLICATION TO:

Nayna L. Byers
Continental Testing Services, Inc.
547 S. La Grange Rd.
La Grange, IL 60525

Submit the following with this application:

1. Current documentation from a doctor, psychologist, psychiatrist or other appropriate professional certifying your disability.
2. Documentation of special services and testing accommodations you received in school because of your disability.
3. A letter describing your specific disability, when and how it was first identified and accommodations you are requesting because of it.

I. DISABILITY STATUS (check all that apply)

- A. Are you: deaf? blind? hard of hearing? visually impaired?
- B. Do you have a:
- Physical disability?
Please explain. _____
 - Specific learning disability?
Please explain. _____
 - Psychological disability?
Please explain. _____
- C. How long have you had your disability?
- Most of my life 1 year 2 years 3 years 4 years 5 years or more

II. PAST ACCOMMODATIONS MADE FOR YOUR DISABILITY

- A. In high school:
- Were you in a special school or program? Yes No
 - Did you get special accommodations for classroom tests? Yes No
 - Did you generally get extra time for classroom tests? Yes No
- B. Did you have special accommodations for taking the SAT or ACT examinations for admission to college? Yes No
- C. In college:
- Did you use disabled student services? Yes No
 - Did you generally get extra time for exams? Yes No
- D. Did you have special accommodations for examinations. If yes, what accommodations? (Check all that apply)
- Time: Extra breaks/rest periods Yes No
- Extra testing time Yes No
- Other (Please explain) _____ Yes No
- Help: Reader Yes No
- Recorder (scribe) Yes No
- Sign language interpreter Yes No

III. CERTIFYING STATEMENT

I certify the above statements to be true.

Applicant Signature _____

Date _____

Name: _____ SS#: _____ Profession: _____

IV. ACCOMMODATIONS REQUEST FOR EXAMINATION (check all that apply)

- Help: Reader Recorder (scribe) Sign language interpreter
- Time: Extra breaks/rest periods
 Extra testing time.

Other (Please explain): _____

V. SABBATH OBSERVER: To ask that your test be administered on a day other than Saturday or a holy day, please submit a letter on letterhead stationery, signed by your rabbi or minister, confirming your affiliation with a recognized religious group that observes its Sabbath on Saturday or a holy day.

I observe the Sabbath on Saturday a holy day which falls on the scheduled day of the examination and I will have to take the examination on another day.

Applicant: please do not use space below. Examiners use only.

A. ACCOMMODATIONS REQUEST FOR EXAMINATION (check all that apply)

- Help: Reader Recorder Sign language interpreter
- Time: Extra breaks/rest periods
 Extra testing time.

Other (Please explain): _____

B. IDENTIFICATION

Test date: _____

Test location: _____

Test form: _____

Name: _____ SS#: _____ Profession: _____

CHIEF TESTING OFFICER

Complete and forward to Division Head within 5 working days of receipt.

Comments and Recommendations: _____ recommended _____ not recommended

Signature _____

Date Received _____

Date Forwarded _____

DIVISION HEAD

Complete and forward to Reasonable Accommodation Chairman within 5 working days of receipt.

Comments and Recommendations: _____ recommended _____ not recommended

Signature _____

Date Received _____

Date Forwarded _____

COMMITTEE

If applicable: Date returned for additional information: _____

Date received back: _____

Forward to Director within 10 working days of receipt.

Signature, Coordinator _____

Date Received _____

Date Forwarded _____

REASONABLE ACCOMMODATION COMMITTEE

RAC Use Only

	<u>Approve</u>	<u>Deny</u>	<u>Approve with Modifications</u>
Program Executive/Licensing and Testing/designee	_____	_____	_____
Human Resources Director/designee	_____	_____	_____
Agency ADA Coordinator	_____	_____	_____
Chief Fiscal Officer/designee (As needed)	_____	_____	_____
Equal Employment Officer/Affirmative Action Officer	_____	_____	_____
General Counsel/designee	_____	_____	_____

RAC RECOMMENDATION TO THE DIRECTOR

Signature, Coordinator

Date Forwarded

FOR DIRECTOR'S APPROVAL

- _____ I approve the committee's recommendation.
- _____ I approve the committee's recommendations as modified.
- _____ Recommendation overruled.

Modification and action ordered and reasons for overruling:

Jay Stewart, Acting Director
Division of Professional Regulation