



**SPECIAL ACCOMMODATIONS REQUEST FORM**

Date \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Day Time Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Describe the Nature of your disability and include specific diagnosis.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When was your disability first diagnosed? \_\_\_\_\_

How does your disability affect your ability to take examinations? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What accommodations are you requesting during the examination? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What accommodations have you received in the past for the following exams?

National Physical Therapy Exam: \_\_\_\_\_

College Exams: \_\_\_\_\_

Standardized Exams (e.g., SAT, ACT): \_\_\_\_\_

Submit a current (no more than 3 years old) report or letter from a professional qualified for evaluating your disability which includes:

- Name, title, specialty and credentials of the professional making the diagnosis and accommodation recommendation
- A diagnosis of the disability pursuant to the ICD, DSM IV or revised or other applicable and recognized diagnostics tests
- Last Consultation with the applicant
- Recommendation for specific accommodations
- Rationale for requesting the accommodations

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date