Wisconsin Department of Safety and Professional Services

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OFFICE OF EDUCATION AND EXAMINATIONS

DISABILITY MODIFICATION REQUEST FORM FOR EXAMINATIONS

This request form should be submitted by the final published application deadline date. Requests must be supported by documentation certifying the disability from a qualified professional appropriate for evaluating the disability. Review of a request for test modification will be deferred until the necessary documentation is submitted.

The information obtained on this form will be treated as a medical record except that exam proctors and exam providers may be informed regarding necessary modifications to exam procedures, and first aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Date of Request: _____

Candidate Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Telephone # Daytime _____ Evening _____

Email Address: _____

Credential Applied for: _____

Exam Type (multiple choice, essay, oral, practical): _____

Exam Name: _____

Exam Date and Times: _____

Exam Location: _____

Please respond to the following questions. Attach additional sheets if needed.

1. What is the nature of your disability?

- ☐ Chronic Health Problem
- ☐ Hearing disability
- ☐ Learning Disability
- ☐ Physical Disability
- ☐ Temporary Accidental Injury
- ☐ Visual Disability
- ☐ Other _____

2. How does your disability impair your ability to accurately exhibit your knowledge and skill level on the credentialing examination?

3. What modification are you requesting (please be specific)?

NOTE: Modifications must be appropriate to the disability. If the requested modification involves modifying the examination administration, such as additional time or a reader or writer, please obtain the professional verification on the following pages. If the request is limited to wheelchair space, or sitting in the front of the room, professional verification is not required.

HISTORY:

4. When was your disability first diagnosed by a professional?

5. What modifications have you received when taking previous examinations, such as school achievement tests, or licensing examinations in other states? Provide records from your most recent school or other test provider showing modifications received, dates provided, and the reasons they were provided.