Complete all information. Make sure that all sections are complete before you submit the form.

For which test are you requesting accommodations (reasonable adjustments)?

____________________________________________________________________________________

First Name: ______________________________ Last Name: ___________________________________

ID Number: _____________________________ Date of Birth: ______ / _____ / _______ Age: _______

Address: _____________________________________________________________________________

City: _____________________________ State/Province/Territory: _______ ZIP/Postal Code: ________

Phone Number: ( _____ )______ - _______ Email: _______________________________________

Additional person(s) you permit Pearson VUE Accommodations Team to discuss/contact on your behalf regarding this request.

Name: ________________________________ Relationship: ________________________________

Phone Number: __________________________ Email: ______________________________________

Dates this authorization is valid from: _________________  to _________________________

Candidate’s Signature: __________________________________________ Date: _________________

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

Parent/Guardian’s Name (if Candidate is under 18): ______________________________________

Parent/Guardian’s Signature (if Candidate is under 18): _____________________________ Date: _____
SECTION 2: REQUESTED ACCOMMODATIONS

Accommodation: ________________________________________________________________

Rationale: ________________________________________________________________

____________________________________________________________________________________

Accommodation: ________________________________________________________________

Rationale: ________________________________________________________________

____________________________________________________________________________________

Accommodation: ________________________________________________________________

Rationale: ________________________________________________________________

____________________________________________________________________________________

Accommodation: ________________________________________________________________

Rationale: ________________________________________________________________

____________________________________________________________________________________
Name of the disorder(s) for which test accommodations are requested:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Date(s) of assessment: _________________________________________________________________

Supporting documentation should be attached to this request form. Documentation is current if the assessment was completed within the last (1) year.

Documentation should:
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

Meeting criteria for psychological disorder using globally recognized standards (e.g., DSM, ICD): The detailed letter or report should discuss how the individual meets ALL the diagnostic criteria for the disorder (not just manifestation of symptoms).

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. Examples of activities that would not be considered central to daily living include “test-taking”, “spelling”, “feeling comfortable in groups”, and “recalling math facts”.


FAX accommodations requests to: 610-617-9397

Questions? Email us: accommodationspearsonvue@pearson.com