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## CASP TEST ACCOMMODATION(S) REQUEST QUESTIONNAIRE

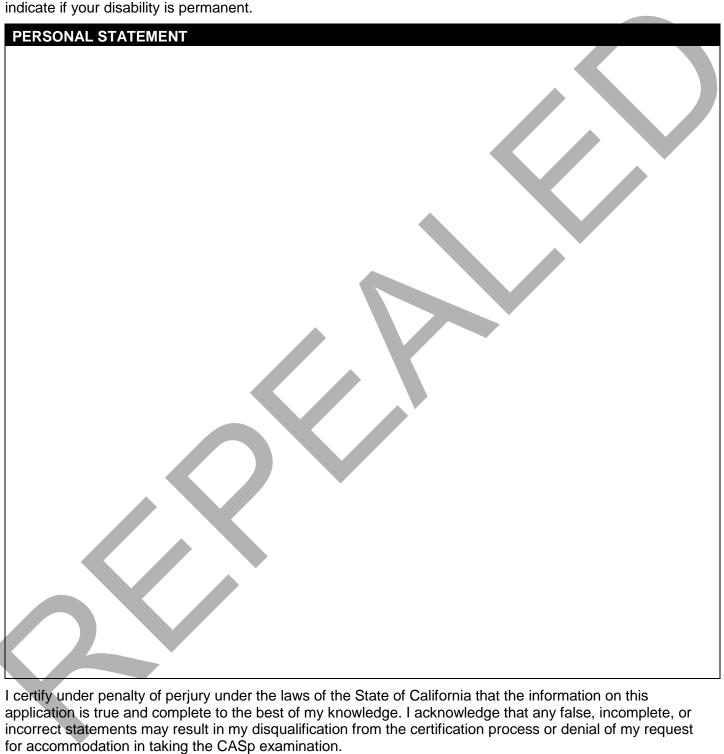
## **VOLUNTARY CERTIFIED ACCESS SPECIALIST (CASp) PROGRAM**

This form may be completed online and printed. Please read the *ADA Test Accommodation(s) Guidelines for the CASp Examination* (03/20/16), incorporated by reference, and the *CASp Examination, Certification, and Practice Standards Handbook* (02/2016), incorporated by reference, before completing this CASp Test Accommodation(s) Request Questionnaire. Candidate information items with an asterisk (\*) are required to be provided.

CANDIDATE II	NFORMATION			
Title:	Mr.	☐ Ms.	Mrs.	Dr.
Name (Last)*	•	(First)*		(Middle)
Mailing Address – St	reet address or PO Box	· · · · · · · · · · · · · · · · · · ·		
City*		County	State*	ZIP Code *
Primary Phone* Secondary Phone				
Email*				

## CASP TEST ACCOMMODATIONS REQUEST QUESTIONNAIRE

To document your need for an accommodation as completely as possible, write a personal statement describing your disability and its impact on your ability to take the exam under standard conditions. Please indicate if your disability is permanent.



**SIGNATURE** 

DATE