



ASE Testing Accommodations under ADA

ASE provides testing accommodations, under the provisions of the Americans with Disabilities Act (ADA), to individuals who need accommodations to take the ASE certification tests. The ADA defines disability as a physical or mental impairment that substantially limits one or more major life activities. These are functions that are important to most people such as walking, seeing, hearing, speaking, breathing, learning, performing manual tasks, and working.

For ASE to evaluate your request, you must provide a specific request and supporting documentation, using the attached form. ASE will review your request and let you know what accommodations will be provided. All accommodations are provided at no additional cost to you.

First, take the attached form and meet with the person who diagnosed or treats your condition. This person must be a qualified, appropriate professional (e.g., physician for physical disability or psychologist for learning disability). You should discuss your disability and the accommodations you might need for test-taking, and review both pages of the form with that person.

That same professional should complete Page 1 of the form, stating the nature of your disability, whether it is temporary or permanent, and specifically how it affects your ability to take a multiple-choice test. The professional should include any documentation that supports and explains the diagnosis. All documentation must have been prepared within the last five years.

Once you and your diagnosing/treating professional have discussed and identified the testing accommodations that are appropriate for your specific disability, you should complete Page 2 of the form, telling us exactly what type of accommodations you are requesting.

Send both pages and any supporting documentation to the address at the bottom of the page. If you are registering for written (paper/pencil) testing, and have not already submitted your registration request, please include your registration form and payment in the same envelope.

If you qualify for ASE testing accommodations under the ADA, you must still request those accommodations each time you register to take tests. ASE will not automatically assume that you want or need the accommodations.

If your accommodations are granted based on a permanent disability and the accommodations you need do not change, you will not be required to provide Page 1 (the part completed by the treating professional) when you make future requests for testing accommodations. You will only need to complete Page 2 each time you register to test.

If your accommodations are granted based on a temporary disability and the accommodations you need do not change, you will not be required to provide Page 1 for one calendar year. During this time, you will only need to complete Page 2 each time you register to test.

Please refer to the ASE Policy for Documentation at www.ase.com/ADApolicy for more specific guidelines for ADHD, learning disabilities, physical/medical conditions and emotional disabilities.

If you have questions, call the ASE Help Desk at 1-800-388-5584 before sending your request form. All ADA accommodation requests and supporting information must be received at ASE in Iowa City, Iowa, by the published registration deadlines.

**Return completed forms to: ASE Testing Accommodations, Tyler Building (86),
301 ACT Drive, Iowa City, IA 52245 – Phone 1-800-388-5584, Fax (319) 341-2297**

Documentation Form for ASE Testing Accommodations
Page 1 – To be completed by the diagnosing or treating professional

*****DOCUMENTATION COMPLETED BY ANYONE OTHER THAN THE
DIAGNOSING / TREATING PROFESSIONAL WILL NOT BE ACCEPTED*****

Your Name _____ Today's Date _____
Professional Credential _____
Area of Specialty _____
Mailing Address _____
City, State & Zip Code _____
Phone number (with area code) _____ Fax Number: _____
Signature _____

Patient's Name _____ Date of Birth _____

1. Please identify the patient's specific disabling condition.

Primary Diagnosis _____

Secondary Diagnosis (if any) _____

2. Does this condition substantially limit the patient? YES -or- NO

The legal definition of a disability is a physical or mental impairment that substantially limits a major life activity including but not limited to sight, mobility, hearing, and learning.

Please check all **major life activities** that are **substantially limited**.

Walking Hearing Seeing Working Sleeping Caring for self

Interacting with others Learning (including memory/concentration)

Performing manual tasks

Other major life activities – please specify _____

3. Date of last office visit _____

4. Original diagnosis date _____ Confirmed diagnosis or follow-up date _____

5. Is this condition: Permanent -or- Temporary

If this condition is temporary, how much longer do you expect it to last? _____

6. Please identify how this impairment may affect this person's ability to read and respond to a multiple-choice test. _____

7. Please attach any additional documentation (e.g. condition-specific diagnostic reports, reports of psycho-educational evaluations, treatment plans, etc.) that may help us understand how this person's diagnosed impairment makes him or her disabled under the provisions of the Americans with Disabilities Act (ADA). All information provided will be treated confidentially.

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Request Form for ASE Testing Accommodations
Page 2 – To be completed by the test taker

Your Name _____ Today's Date _____

Mailing Address _____

City, State & Zip Code _____

Phone number (with area code) _____ Date of Birth _____

Please check each of the accommodations you are requesting.

Testing Accommodations

- Reader – ASE provides a person who reads the test to you
- Scribe – ASE provides a person who marks your answers for you
- Mark your answers in the test booklet, rather than marking an answer folder
- Extended testing time – choose one option: One and one-half time –or– Double time
- Sign Language Interpreter for the instructions only –or–
- Sign Language Interpreter for the complete test. Note that test questions may not be signed using American Sign Language. You must use signed exact English only.
- Braille format test booklet
- Large print format test booklet (in paper/pencil written testing)
- Magnified text and images on the monitor screen (in computer-based testing)
- Other – please specify: _____

Physical or Setting Accommodations:

- Quiet room or room with reduced distractions
- Private room – please specify reason: _____
- Special lighting – please specify: _____
- Special table or chair – please specify: _____
- Visual or hearing devices – please specify: _____
- Other – please specify: _____

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