



National Institute for  
**AUTOMOTIVE SERVICE EXCELLENCE**

## Request Forms and Guidelines for ASE Certification Testing Accommodations under the ADA

### Section A - Introduction

ASE provides testing accommodations, under the provisions of the Americans with Disabilities Act (ADA), to individuals who need accommodations to take the ASE tests. The ADA defines an individual with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

For ASE to evaluate your request, you must provide a specific request and supporting documentation, using the attached forms. ASE will review your request and inform you of the testing accommodations that will be provided. All accommodations are provided at no additional cost to you.

**Important:** if you wish to take ASE tests with testing accommodations under the ADA, you should submit your request and wait until your testing accommodations are approved BEFORE you register and schedule an appointment.

**First**, read Section B – Documentation Policy for specific guidelines for learning disabilities, ADHD, psychiatric disorders, visual or hearing impairment, and other physical disorders. This section also outlines accepted assessment tests and the type of supporting documentation that you must submit with your request. If you do not submit this information at the time of your request, it will be delayed or denied.

**Second**, take this document with you when you meet with the professional who diagnosed or treats your condition. This individual must be a qualified, appropriate professional (e.g. physician for a physical disability or psychologist for a learning disability). You should discuss your disability and the accommodations you might need for test-taking, and review all sections of this document with that professional.

That same professional must complete Section D, stating the nature of your disability, whether it is permanent or temporary, and specifically how it affects your ability to take a computer-based timed multiple-choice test that is delivered at a secure and proctored test center. The professional must provide appropriate documentation that supports and explains the diagnosis. All supporting documentation must have been obtained within the last five (5) years.

**Third**, after you and your diagnosing/treating professional have discussed and identified the testing accommodations that are appropriate for your specific disability, complete Section E of the form telling us exactly what type of testing accommodations you are requesting. The most common types of accommodations are listed on the form, but your disability may require other accommodations. Be specific and explain why these other accommodations are needed, then sign and date the form.

If you need ASE to share information about your testing accommodations with a school, employer, doctor, treating professional, or anyone else, complete, sign, and date Section F of this form. This section is optional.

**Fourth**, send Sections C, D, and E, and Section F if applicable, and supporting documentation to ASE at the address shown on page 2.

**Fifth**, ASE will determine which testing accommodations will be provided, or if additional information is needed. You will be notified once that determination is made. If your testing accommodations request is approved, you can then register for an ASE test and will be provided with special instructions on how to schedule an appointment.

The process of documenting and evaluating testing accommodations requests can take several weeks or months, depending on your situation. Please submit your request well in advance of the time during which you would like to take an ASE test.

If your accommodations are granted based on a permanent disability and the accommodations you need do not change, you will automatically receive the same accommodations when you register for ASE tests in the future. You only need to repeat this process if your required testing accommodations change.

If your accommodations are granted based on a temporary disability, you will automatically receive the same accommodations for any ASE tests you take over the next 12 months. After that time, you will need to repeat this process if your disability continues or you have a different disability and require testing accommodations.

**Questions?** Call Hope Jenkins at (703) 669-6632 before sending your request forms.

**Submit your completed forms – Sections C, D, and E, and Section F if applicable,  
and supporting documentation to:**

**ASE Testing Accommodations  
1503 Edwards Ferry Road NE, Suite 401  
Leesburg, VA 20176**

**Phone 1-800-390-6789 (Option 9), Fax (703) 669-6122**

## Section B – Documentation Policy

The information in this section is available separately at [www.ase.com/ADApolicy](http://www.ase.com/ADApolicy).

### **Introduction**

This policy was developed to provide test candidates, professional diagnosticians, educators, and employers with specific information about ASE's policies regarding documentation of a candidate's disability and the process for requesting accommodations to take ASE tests. The timely submission of proper documentation will minimize delays in decisions related to providing testing accommodations for candidates with disabilities.

This policy addresses the following topics:

- Guiding Principles
- Procedures for Implementation
- Qualified Diagnosticians
- Currency of Submitted Documentation
- Assessment Testing
- Substantiation of Diagnosis
- Recommendation for Accommodations
- Confidentiality

### **Guiding Principles**

ASE has long provided testing accommodations to candidates with disabilities and is committed to compliance with the requirements of the Americans with Disabilities Act (ADA). In this regard, ASE has adopted the following guiding principles for responding to requests from candidates for testing accommodations:

1. Requirements and procedures for testing accommodations must ensure fairness for all test candidates, both those seeking accommodations and those testing under standard conditions.
2. Accommodations must be consistent with the ADA requirements and be appropriate and reasonable for the documented disability.
3. Accommodations must not result in an "undue hardship", as that term is used under the ADA, or fundamentally alter that which the test is designed to measure.
4. Documentation of the disability must be current within the last five (5) years, must meet guidelines that are considered appropriate by qualified professionals, and must provide evidence that the disability substantially limits one or more major life activities (e.g. mobility, sight, hearing, speaking, breathing, learning, performing manual tasks).

### **Procedures for Implementation**

Requests for testing accommodations are initially reviewed by trained staff who look for specific information on the ASE Testing Accommodations Request Form (available at [www.ase.com/ADAform](http://www.ase.com/ADAform)) and in the accompanying supporting documentation. If an ASE staff member determines that some or all the documentation is missing or inadequate, ASE will request the additional information.

If the initial reviewer determines that the request appears complete, it is submitted to an ADA specialist for the next level of review. The ADA specialist may:

- approve the request and send it on for processing,
- submit the request to an expert reviewer with specific training in an appropriate clinical area, or
- determine that documentation is missing or otherwise insufficient.

Expert reviewers might be consulted to review documentation regarding cognitive or learning disabilities, sight and hearing impairments, and other physical conditions. If either the ADA specialist or the expert reviewer determines that documentation is lacking, the candidate is notified and given the opportunity to submit additional documentation.

Once testing accommodations are approved, an ASE staff member will notify the candidate and provide specific details regarding test registration and appointment scheduling.

## **Documentation Requirements**

### **Qualified Diagnosticians**

The administration of diagnostic assessments, determination of specific diagnoses, and recommendation of appropriate accommodations must be made by a qualified professional whose credentials are appropriate to the disability. The name, title, and professional credentials (e.g. degrees, areas of specialization, license or certification, employment) must be clearly stated in the documentation. For physical disabilities, documentation must be provided by a qualified physician.

### **Currency of Submitted Documentation**

To best assess the current impact of a candidate's disability or functional limitations as they apply to the test-taking process, the documentation must be sufficiently current and appropriate to the disabling condition. For ASE testing, the disability must have been diagnosed or reconfirmed by a qualified professional within five (5) years prior to the date of the request.

### **Assessment Testing**

Evaluation results for the following assessment tests are accepted by ASE and must have been completed within the last five (5) years:

- Wechsler Individual Achievement Test® Third Edition (WIAT-III)
- Wechsler Adult Intelligence Scale® Fourth Edition (WAIS-IV)
- Woodcock-Johnson Tests of Cognitive Abilities® Fourth Edition (W-J IV)
- Nelson-Denny Reading Test

## **Substantiation of Diagnosis**

Documentation must provide a comprehensive evaluation with objective evidence of a substantial functional limitation. The information needed for each general category of disability is provided below.

- Learning Disabilities: The candidate must provide the results of diagnostic testing performed by a qualified professional. The Individualized Education Program (IEP), while helpful, typically does not provide sufficient information alone. Documentation, including all standard scores and percentiles (including subtests) which are reliable, valid, and standardized measures, must address the following:
  1. Description of the presenting problem(s) and its (their) developmental history, including relevant educational and medical history
  2. Neuropsychological or psycho-educational evaluation which includes results of an aptitude assessment using a complete and comprehensive battery
  3. Results of a complete achievement battery
  4. Results of an assessment of information processing
  5. Other appropriate assessments for consideration of differential diagnosis from co-existing neurological or psychiatric disorders
  6. Specific diagnosis and evidence that alternative explanations were ruled out
  7. Description of the functional limitations supported by the test results and a rationale for the recommended accommodations specific to those functional limitations

- Attention Deficit/Hyperactivity Disorder: The candidate must provide diagnostic results from an evaluation by a qualified professional. The Individualized Education Program (IEP), while helpful, typically does not provide sufficient information alone. Documentation must address the following:
  1. Evidence of early impairment which, by definition in the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV), is first exhibited in childhood and manifests itself in more than one setting
  2. Evidence of current impairment including:
    - a. Statement of presenting problem
    - b. Diagnostic interview
  3. A ruling out of alternative diagnoses and explanations
  4. Relevant testing using reliable, valid, standardized, and age-appropriate assessments
  5. Number of applicable DSM-IV criteria and description of how they impair the individual
  6. Specific diagnosis
  7. Interpretive summary including a discussion of how the effects of ADHD are mediated by the recommended accommodations
  
- Psychiatric Disorders – Mood or Anxiety Disorders or Serious and Persistent Mental Illness: The candidate must provide diagnostic results from an evaluation completed by a qualified professional within the past year. Documentation of psychiatric disorders should include the following:
  1. Review of family history
  2. Age of onset and course of the illness
  3. Psychological tests used and results
  4. The history of treatment for the disorder
  5. Evidence of continuing problems that make accommodations necessary to access the ASE tests
  6. How the disorder interferes with the person’s ability to take a timed, standardized computer-based test
  
- Visual Impairment: The candidate must provide diagnostic results from a complete ocular examination performed by an optometrist or ophthalmologist. Documentation must address the following:
  1. Chief complaint and history of impairment
  2. Test results, including visual acuity, complete ocular motility exam (versions, tropias, phorias, stereopsis), slit lamp exam, visual field, pupil exam, optic nerve, and retina
  3. Specific ocular diagnosis
  4. Description of functional limitation and supporting evidence that the abnormality impedes functioning in settings such as timed, standardized computer-based testing
  5. Discussion of the extent to which the limitation has been addressed through glasses, contact lenses, or other treatment or assistive devices
  6. Specific recommendation for accommodations and accompanying rationale
  
- Hearing Impairment: The candidate must provide diagnostic results from a full hearing test performed by a qualified professional. Documentation must address the following:
  1. Relevant medical history, including date of hearing loss
  2. Related educational development, especially effect on reading ability and processing speed
  3. Specific diagnosis
  4. Description of functional limitation (with and without hearing aids or other assistive devices or treatments)
  5. Specific recommendation for accommodations and accompanying rationale
  
- Other Physical Disorders: The candidate must provide diagnostic results from an appropriate medical examination that documents the relevant medical history, provides a description of functional limitation, and states a specific recommendation for accommodations and accompanying rationale.

Each request for testing accommodations is evaluated on a case-by-case basis using the information as described. If an element of documentation is not provided, the diagnostician must explain why it is not included in the submission.

### **Recommendation for Accommodations**

Requests for testing accommodations must specifically address the functional limitation of the disability. The diagnostic report must include specific recommendations for accommodations as well as an explanation of why each accommodation is recommended and how it alleviates the impact of the impairment when taking a timed, standardized computer-based test. The evaluator(s) must describe the impact, if any, that the diagnosed disability has on a specific major life activity, as well as the degree of significance of this impact on the individual in a timed, standardized computer-based testing situation. The evaluator must support recommendations consistent with specific functional limitations as determined by objective data substantiating a history of functional impairment, appropriate test results, clinical observations, and a comprehensive diagnostic interview.

It is important to recognize that accommodation needs can change over time and are not always identified through the initial diagnostic process.

If recommended accommodations are not clearly identified or supported in a diagnostic report, ASE will seek clarification and, if necessary, more information. ASE will make the final determination regarding appropriate and reasonable testing accommodations for candidates with documented disabilities.

### **Confidentiality**

All documentation submitted to ASE related to an accommodations request is kept confidential, and is used solely to determine the candidate's eligibility for accommodations. Prometric instructs its test centers to treat as confidential all information they receive relative to the candidate's disability and accommodations when administering an ASE test. ASE score reports and certificates do not include any details about the disability or accommodations provided, or any disclaimers stating that accommodations were provided.

## Section C – Submission Check List

Your accommodations request will not be reviewed and processed until all required materials are received. Please check the boxes to ensure you have all the required sections and supporting documentation. Include this completed Check List with your submission.

### Required:

- Section C** – Submission Check List
- Section D** – To be completed by the diagnosing or treating professional
- Section E** – To be completed by the test taker
- Supporting documentation**, which must:
  - be current within the last five (5) years
  - meet criteria as outlined in the section specific to your diagnosis – see Section B for details

Indicate the supporting documentation being submitted with your forms. Note: evaluation results for these assessment tests must be current within the last five (5) years.

- Wechsler Individual Achievement Test® Third Edition (WIAT-III)
- Wechsler Adult Intelligence Scale® Fourth Edition (WAIS-IV)
- Woodcock-Johnson Tests of Cognitive Abilities® Fourth Edition (W-J IV)
- Nelson-Denny Reading Test
- Other – please specify: \_\_\_\_\_

### Optional:

- Section F** – Authorization to Release Information

**Submit your completed forms – Sections C, D, and E, and Section F if applicable,  
and supporting documentation to:**

**ASE Testing Accommodations  
1503 Edwards Ferry Road NE, Suite 401  
Leesburg, VA 20176**

**Phone 1-800-390-6789 (Option 9), Fax (703) 669-6122**

**Section D – To be completed by the diagnosing or treating professional**

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

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Professional Credential \_\_\_\_\_

Area of Specialty \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Signature \_\_\_\_\_

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

1. 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 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**.

Mobility  Sight  Hearing  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 timed, multiple-choice test delivered on a computer. \_\_\_\_\_

\_\_\_\_\_

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

**Section E – To be completed by the test taker**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last 4 Digits SSN \_\_\_\_\_ ASE ID Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Please check each of the accommodations you are requesting.**

- Extended Testing Time – Double the standard testing time
- Reader – An approved person will be provided by Prometric to read the test to you
- Scribe – An approved person will be provided by Prometric to mark your answers for you
- Sign Language Interpreter – An approved person will be provided by Prometric to interpret the test for you
- Magnified text and images on the monitor screen (ZoomText® software)
- Private Room
- Other – please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the information that I am submitting with this request is true and correct.**

\_\_\_\_\_  
Signature Today's Date

## Section F – Authorization to Release Information

I do hereby consent and authorize the National Institute for Automotive Service Excellence (ASE) to disclose to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Information from my records related to my identity, accommodations requested, diagnosis, prognosis, and evaluation for testing accommodations. This information is being disclosed from records whose confidentiality may be protected under state and/or federal law and shall not be transmitted to anyone without my consent or authorization. I understand the nature of this release and understand that I have the right to inspect the information that is being released.

This authorization shall be effective immediately and shall expire on \_\_\_\_\_ or in five (5) years from the date below (whichever is earlier), and is valid for all information released during the effective period.

I understand that I have the right to request a copy of this authorization and that I may revoke my consent at any time by providing written notice to ASE.

Printed Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last 4 Digits SSN \_\_\_\_\_ ASE ID Number \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_