



National Institute for  
**AUTOMOTIVE SERVICE EXCELLENCE**

## Request Forms and Guidelines for ASE Certification Testing Accommodations under 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 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 forms. ASE will review your request and let you know what accommodations 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 ADA, you should submit your request and wait until your accommodations are approved BEFORE you register and schedule your testing appointments.

**First,** read Section B of this document (ASE's documentation policies for ADA accommodations) for specific guidelines for ADHD, learning disabilities, physical/medical conditions and emotional disabilities. Be sure that you understand the type of supporting documentation that you should submit with your request. If you do not submit this information at the time of your request, it may be delayed or denied.

**Second,** take this document 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 all sections of this document with that person.

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

**Third,** after you and your diagnosing/treating professional have discussed and identified the testing accommodations that are appropriate for your specific disability, you should complete Section E of the form, telling us exactly what type of 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 for ASE to share information about your testing accommodation with your parent, school, employer, doctor, treating professional, or anyone else, you should also complete, sign, and date Section F of this form. This section is optional.

**Fourth**, send Sections C through E and all supporting documentation to ASE at the address shown below. If you completed Section F, include it as well.

**Fifth**, ASE will make a determination as to which accommodations will be provided, or if additional information is needed. Once that determination is made, you will be notified that you can register for the ASE tests and how to schedule your testing appointments.

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

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 needs and 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.

If you have questions, call Amy Castleman at 703-669-6649 before sending your request forms. All ADA accommodation requests and supporting information must be received at ASE in Leesburg, VA, by the published registration deadlines.

**Return completed forms and supporting documentation to:**

**ASE Testing Accommodations  
101 Blue Seal Dr. SE, Ste. 101  
Leesburg, VA 20175**

**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 individual technicians, professional diagnosticians, educators, and employers with specific information about ASE's policies regarding documentation of a test candidate's disability and the process for requesting accommodations on the ASE certification tests. The timely submission of proper documentation will help avoid delays in decisions related to providing accommodations for test candidates with disabilities.

This policy addresses the following topics:

- Guiding principles
- Procedures for implementation
- Qualified diagnosticians
- Currency of submitted documentation
- Substantiation of diagnosis
- Recommendation for accommodations
- Confidentiality

### Guiding Principles

ASE has long provided accommodations to test 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 test candidates for test accommodations:

1. Requirements and procedures for test accommodations must ensure fairness for all test candidates, both those seeking accommodations and those testing under standard conditions.
2. Accommodations must be consistent with ADA requirements and appropriate and reasonable for the documented disability.
3. Accommodations must not result in an undue burden, 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 past five years), must meet guidelines that are considered to be appropriate by qualified professionals, and must provide evidence that the disability substantially limits one or more major life activities.

### Procedures for Implementation

Requests for 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 documentation. If a staff member determines that some or all of 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 might:

- 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, for sight and hearing impairments, and for other physical conditions. If either the ADA specialist or the expert reviewer determines that documentation is lacking, the test candidate is notified and given the opportunity to submit additional documentation.

Once accommodations are approved, a staff member contacts the test candidate and provides specific instructions for the candidate to register for the tests and schedule testing appointments.

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

### **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 test candidate must provide the results of diagnostic testing performed by a qualified professional. School IEP plans, while helpful, typically do 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 test candidate must provide diagnostic results from an evaluation by a qualified professional. School IEP plans, while helpful, typically do 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 (4th Ed.) (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 accommodation(s)
  - Psychiatric Disorders – Mood or Anxiety Disorders or Serious and Persistent Mental Illness: The test candidate must provide diagnostic results from an evaluation by a qualified professional. Documentation of psychiatric disorders should be current to the past year and include the following:
    1. Review of the 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 test accommodations necessary to access the ASE certification exams
    6. How the disorder interferes with the person's ability to take a timed standardized test delivered on computer.
  - Visual Impairment: The test 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 standardized testing
    5. Discussion of the extent to which the limitation has been addressed through glasses, contact lenses, or other treatment or devices
    6. Specific recommendation for accommodation(s) and accompanying rationale

- **Hearing Impairment:** The test candidate must provide diagnostic results from a full hearing test performed by a qualified professional. Documentation must also 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 any hearing aids or other assistive devices or treatments)
  5. Specific recommendation for accommodation(s) and accompanying rationale
  
- **Other Physical Disorders:** The test 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 accommodation(s) and accompanying rationale.

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

### **Recommendation for Accommodations**

Requests for 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 standardized 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 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 test 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 test candidate's eligibility for accommodations. Test supervisors are also instructed to treat as confidential all information they receive relative to the test candidate's disability and accommodations. ASE Score Reports and Certificates do not include any specifics about the disability or accommodations provided, or any disclaimers stating that accommodations were provided.

## Section C – Submission check list

Your request will not be submitted for review until all required materials are provided and complete. Please check the boxes below to make sure you have all required sections and include the completed check list with your form and supporting documentation upon submission.

### **Required:**

- Section C** – this submission check list
- Section D** – completed by the diagnosing or treating professional
- Section E** – completed by the test taker
- Supporting documentation**, which must:
  - Be current within the last 5 years
  - Meet criteria as outlined in the section specific to your diagnosis – see Section B for details

### **Optional:**

- Section F** – authorization to release information

**Return completed sections C, D, and E, along with all supporting documentation.**  
**Include Section F if needed. Send to:**

**ASE Testing Accommodations  
101 Blue Seal Dr. SE, Ste. 101  
Leesburg, VA 20175**

**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\*\*\***

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. **Attach 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.

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

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

Your date of birth \_\_\_\_\_ Last 4 digits of your SSN \_\_\_\_\_

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

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

Phone number (with area code) \_\_\_\_\_ E-mail address \_\_\_\_\_

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

**Testing Accommodations**

- Extended testing time – double the standard testing time
- Reader – ASE provides a person who reads the test to you
- Scribe – ASE provides a person who marks your answers for you
- Sign language interpreter
- 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.**

\_\_\_\_\_  
Your 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: \_\_\_\_\_

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 of SSN: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Fax number / E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_