

**CONTINENTAL TESTING SERVICES, INC.**  
**P.O. BOX 100 • LAGRANGE, ILLINOIS 60525 - 0100**  
**800-359-1313 • 708-354-9911 • FAX 708-354-9922**  
**WWW.CONTINENTALTESTING.NET**

Dear Applicant:

Standards for Special Accommodations are set forth by the Illinois Department of Financial and Professional Regulation. All special accommodation requests for Illinois professions must include the following:

1. You must supply a written request to modify examination procedures (time, reader, scribe, etc.) along with all other documentation. The written request should specify the modifications requested and rationale for same.
2. A letter from the education program indicating the need for the modification and explaining how the educational program handled the situation (i.e.: separate testing area, length of additional time given.) If you were not given modifications in your educational setting, please indicate as such and explain why not in your written request above (#1).
3. A letter and detailed report from an appropriate professional person confirming the diagnosis of the disability and naming the specific disability. Include information on all tests given and their results as applicable to the diagnosis.
4. The completed "Request for Reasonable Accommodations" form (see attached)
5. The completed exam application or registration form and test fee, as listed on the reference sheet, must be received by the final filing deadline.

All special accommodation requests and above documentation must be sent to Continental Testing Services, Inc. (CTS). Your request for special accommodations will not be sent to the Illinois Department of Financial and Professional Regulation for approval until all above items are received by CTS.

Please feel free to contact Continental Testing Services at 708-354-9911 with any questions or concerns.

# REASONABLE ACCOMMODATION REQUEST FOR EXAMINEES WITH DISABILITIES

Name:

RETURN APPLICATION TO:

Continental Testing Services  
ATTN: Reasonable Accommodation Request  
PO Box 100  
LaGrange, IL 60525

Submit the following with this application:

1. Current documentation from a doctor, psychologist, psychiatrist or other appropriate professional certifying your disability.
2. Documentation of special services and testing accommodations you received in school because of your disability.
3. A letter describing your specific disability, when and how it was first identified and accommodations you are requesting because of it.

## I. DISABILITY STATUS (check all that apply)

A. Are you:  deaf?  blind?  hard of hearing?  visually impaired?

B. Do you have a:

Physical disability?

Please explain. \_\_\_\_\_

Specific learning disability?

Please explain. \_\_\_\_\_

Psychological disability?

Please explain. \_\_\_\_\_

C. How long have you had your disability?

Most of my life  1 year  2 years  3 years  4 years  5 years or more

## II. PAST ACCOMMODATIONS MADE FOR YOUR DISABILITY

A. In high school:

Were you in a special school or program?  Yes  No

Did you get special accommodations for classroom tests?  Yes  No

Did you generally get extra time for classroom tests?  Yes  No

B. Did you have special accommodations for taking the SAT or ACT examinations for admission to college?  Yes  No

C. In college:

Did you use disabled student services?  Yes  No

Did you generally get extra time for exams?  Yes  No

D. Did you have special accommodations for examinations.  Yes  No  
If yes, what accommodations? (Check all that apply)

Time:

Extra breaks/rest periods

Extra testing time

Other (Please explain) \_\_\_\_\_

Help:

Reader

Recorder (scribe)

Sign language interpreter

## III. CERTIFYING STATEMENT

I certify the above statements to be true.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

SS#:

Profession:

Name: \_\_\_\_\_  
 SS#: \_\_\_\_\_  
 Profession: \_\_\_\_\_

**IV. ACCOMMODATIONS REQUEST FOR EXAMINATION (check all that apply)**

Help:  Reader  Recorder (scribe)  Sign language interpreter

Time:  Extra breaks/rest periods  
 Extra testing time.

Other (Please explain): \_\_\_\_\_  
 \_\_\_\_\_

**V. SABBATH OBSERVER:** To ask that your test be administered on a day other than Saturday or a holy day, please submit a letter on letterhead stationery, signed by your rabbi or minister, confirming your affiliation with a recognized religious group that observes its Sabbath on Saturday or a holy day.

I observe  the Sabbath on Saturday  a holy day which falls on the scheduled day of the examination and I will have to take the examination on another day.

**Applicant: please do not use space below. Examiners use only.**

**A. ACCOMMODATIONS REQUEST FOR EXAMINATION (check all that apply)**

Help:  Reader  Recorder  Sign language interpreter

Time:  Extra breaks/rest periods  
 Extra testing time.

Other (Please explain): \_\_\_\_\_  
 \_\_\_\_\_

**B. IDENTIFICATION**

Test date: \_\_\_\_\_

Test location: \_\_\_\_\_

Test form: \_\_\_\_\_

Name:

**CHIEF TESTING OFFICER**

Complete and forward to Division Head within 5 working days of receipt.

Comments and Recommendations: \_\_\_\_\_ recommended \_\_\_\_\_ not recommended

\_\_\_\_\_  
Signature Date Received Date Forwarded

**DIVISION HEAD**

Complete and forward to Reasonable Accommodation Chairman within 5 working days of receipt.

Comments and Recommendations: \_\_\_\_\_ recommended \_\_\_\_\_ not recommended

\_\_\_\_\_  
Signature Date Received Date Forwarded

**COMMITTEE**

If applicable: Date returned for additional information: \_\_\_\_\_

Date received back: \_\_\_\_\_

Forward to Director within 10 working days of receipt.

\_\_\_\_\_  
Signature, Coordinator Date Received Date Forwarded

SS#:

Profession:

Name:

**REASONABLE ACCOMMODATION COMMITTEE**

**RAC Use Only**

Approve

Deny

Approve with Modifications

Program Executive/Licensing and Testing/designee

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Human Resources Director/designee

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agency ADA Coordinator

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Chief Fiscal Officer/designee (As needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Equal Employment Officer/  
Affirmative Action Officer

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General Counsel/designee

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RAC RECOMMENDATION TO THE DIRECTOR**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature, Coordinator

\_\_\_\_\_  
Date Forwarded

**FOR DIRECTOR'S APPROVAL**

\_\_\_\_\_ I approve the committee's recommendation.

\_\_\_\_\_ I approve the committee's recommendations as modified.

\_\_\_\_\_ Recommendation overruled.

Modification and action ordered and reasons for overruling:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature, Director

\_\_\_\_\_  
Date

SS#:

Profession: