# FORM 1 APPLICANT REQUEST FOR TEST ACCOMMODATIONS

#### NOTICE TO APPLICANT

This form is part of your request for test accommodations on the court reporter certification examination. This form and all other applicable forms and required documentation must be submitted at least 90 days prior to the application registration deadline as set forth on the website calendar. If additional space is needed to respond to any item, attach a separate page.

I. GENERAL INFORMATION				
Full N	Name:			
Date	of Birth:			
II. Y	OUR DISABILITY STATUS			
A.	Please mark the disability or disabilities for which you are requesting mmodations.			
	<ul> <li>□ Learning Disability</li> <li>□ ADD/ ADHD</li> <li>□ Physical Disability</li> <li>□ Visual Impairment</li> <li>□ Hearing Impairment</li> <li>□ Psychological Disability</li> <li>□ Other (describe)</li> </ul>			
B.	List your age when first diagnosed.			
	Are you currently being treated? $\square$ Yes $\square$ No			

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If yes, provide the name, qualifications, and telephone number of your treating professional(s).				
C. or dis	List any treatment and / or medication currently prescribed for the disability abilities identified earlier, or list "none".			
	Is the treatment or medication effective in controlling symptoms?  ☐ Yes ☐ No			
If no,	describe remaining symptoms and any side effects.			
E. about narrat	If there is anything else you would like the Court Reporters Board to know your disability and need for accommodations, you may provide a personative.			

#### III. HISTORY OF ACCOMMODATIONS

A.

another jurisdiction?

Please complete questions 1-7 using the instructions that follow. Note that multiple responses may be appropriate for some questions.

If you were <u>granted</u> accommodations, mark "YES". List the condition or diagnosis for which accommodations were granted, each educational institution or testing agency that granted the accommodations, and the time frame.

If you <u>did not request</u> accommodations, mark "Not requested". Explain why you did not request accommodations.

If you were <u>denied</u> accommodations, in whole or in part, mark "Denied". List the month and year the request was made, the condition or diagnosis for which accommodations were requested, the accommodations requested, each educational institution or testing agency, and the reason given by the entity for the denial.

If your request for accommodations was granted in part and denied in part, mark both "Yes" and "Denied".

Some questions ask if you attended a type of specific school or if you took a specific exam. If you did not attend that type of school or take that exam, mark "N/A".

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Did you receive accommodations for a court reporting examination taken in

□ Yes	□ Not Requested	☐ Denied	□ N/A		
Month/Year accommodations requested:					
Specific accommodations requested:					

Reason provided by the entity for granting the request for accommodations:				
Reason provided by the entity for denying the request for accommodations				
Condition/Diagnosis for which accommodations requested				
If not requested, explain why:				
B. Did you receive accommodations in court reporting school?				
$\square$ Yes $\square$ Not Requested $\square$ Denied $\square$ N/A				
Month/Year accommodations requested:				
Specific accommodations requested:				
Reason provided by the entity for granting the request for accommodations:				
Reason provided by the entity for denying the request for accommodations				

Condition/Diagnosis	for	which	accommodations	requested:
If not requested, explain	why:			
C. Did you receive a studies?	ccommod	lations in col	lege during undergradua	nte or graduate
□ Yes	□ Not	Requested	☐ Denied	□ N/A
Month/Year accommod	ations req	quested:		
Specific accommodation	ns request			
Reason provided by the	entity for	granting the	request for accommoda	ations:
Reason provided by the	he entity	for denyin	g the request for acco	ommodations:
Condition/Diagnosis	for	which	accommodations	requested:
If not requested, explain	why:			

D. D	id you receive	accommoda	ations for any	of the follow:	ing standardized tests?
LSAT	☐ Yes	□ Not R	Requested	☐ Denied	l
MCAT	☐ Yes		Requested	☐ Denied	l N/A
GRE	☐ Yes	□ Not R	Requested	☐ Denied	l
GMAT	$\square$ Yes	□ Not R	Requested	☐ Denied	l
SAT	☐ Yes	□ Not R	Requested	☐ Denied	l N/A
ACT	☐ Yes	□ Not R	Requested	☐ Denied	l
Month/	Year accommo	dations requ	ested for eac	ch standardized	l test:
Specific	accommodation	ons requeste	d:		
Reason	provided by the	e entity for	granting the	request for acc	commodations:
Reason	provided by	the entity	for denying	the request	for accommodations:
Conditio	on/Diagnosis	for	which	accommoda	ntions requested:
If not re	quested, explai	n why:			

E.	8				
	•			or services provided	d because of ar
Indi	vidualized Educa	ation Plan (IEP) or	a 504 pl	an?	
	□ Yes	□ Not Reque	sted	☐ Denied	□ N/A
Mor	nth/Year accomm	nodations requested	l for each	n standardized test:	
Spec	cific accommoda	tions requested:			
Reas	son provided by	the entity for grant	ing the r	equest for accommo	dations:
Reas	son provided b	y the entity for o	lenying	the request for ac	ecommodations
Con	dition/Diagnosis	for wh	nich	accommodations	requested
If no	ot requested, exp	lain why:			
	niddle school, inc		ted to ac	bled-student service commodations or se EP) or a 504 plan?	_
	□ Yes	□ Not Reque	sted ORM 1	☐ Denied	□ N/A
		-			□ 1 <b>N/A</b>

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Month/Year accommodations requested for each standardized test:
Specific accommodations requested:
Reason provided by the entity for granting the request for accommodations:
Reason provided by the entity for denying the request for accommodations:
Condition/Diagnosis for which accommodations requested:
If not requested, explain why:
G. Have you previously applied to take the Arkansas Court Reporter Certification Examination and submitted a request for accommodations?
$\square$ Yes $\square$ Not Requested $\square$ Denied $\square$ N/A
Month/Year accommodations requested for each standardized test:

Specific accommodations requested:				
Reason provided by the	entity for	r granting the	request for accommoda	ntions:
Reason provided by t	_	_	g the request for acco	
Condition/Diagnosis			accommodations	
If not requested, explain	why:			

## IV. ACCOMMODATIONS REQUESTED FOR THE CURRENT CERTIFICATION EXAMINATION IN ARKANSAS

For each accommodation you are requesting, explain why the accommodation is necessary and how it alleviates the impact of your disability or disabilities in the				
context of the examination.				

#### V. SUPPORTING DOCUMENTATION

Requests for test accommodations must be supported by the following documentation from third parties, which you must provide with your completed Form 1: Applicant Request for Test Accommodations.

Review the General Instructions for Requesting Test Accommodations for a detailed explanation of the supporting documentation you should submit.

#### **Medical Documentation**

Submit supporting medical documentation from a qualified professional who conducted an individualized assessment and who gave the diagnosis which forms the basis for the request for test accommodations. If you are requesting accommodations based upon more than one disability, you should supply medical documentation to support each disability.

### **Verification of Accommodations History**

Provide verifying documentation of your accommodation history. The proof must identify the time frame and the nature of the disability for which any accommodations were granted or denied.

## **Academic Transcripts**

If applicable, attach copies of your undergraduate and court reporting school transcripts and results from any other jurisdiction for which you hold a court reporting certification.

#### CERTIFICATION

The information I have provided in support of my request for test accommodations is true and complete. I understand that if the Board of Certified Court Reporter Examiners determines that I, or a third party on my behalf, submitted as part of this request any information or documentation that is false, inaccurate, or intentionally misleading, the Board of Certified Court Reporter Examiners reserves the right to treat such conduct as a character and fitness issue.

I understand that both my request for test accommodations and all supporting documentation may be submitted for evaluation to one or more qualified professionals retained by the Board of Certified Court Reporter Examiners, and I authorize such disclosure.

I understand that all necessary documentation and information must be provided to the Board of Certified Court Reporter Examiners by the application filing deadline of the examination for which accommodations are sought and that my request for test accommodations will not be considered if the deadline is missed.

Applicant Signature	Date Signed