

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 Name: _____

Date of Birth: _____

II. YOUR DISABILITY STATUS

A. Please mark the disability or disabilities for which you are requesting accommodations.

- Learning Disability
- ADD/ ADHD
- Physical Disability
- Visual Impairment
- Hearing Impairment
- Psychological Disability
- Other (describe) _____

B. List your age when first diagnosed. _____

Are you currently being treated? Yes No

III. HISTORY OF ACCOMMODATIONS

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

If you were granted 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 did not request accommodations, mark “Not requested”. Explain why you did not request accommodations.

If you were denied 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”.

A. Did you receive accommodations for a court reporting examination taken in another jurisdiction?

- 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?

- 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: _____

C. Did you receive accommodations in college during undergraduate or graduate studies?

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: _____

D. Did you receive accommodations for any of the following standardized tests?

LSAT	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Requested	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
MCAT	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Requested	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
GRE	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Requested	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
GMAT	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Requested	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
SAT	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Requested	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
ACT	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Requested	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A

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: _____

E. Did you receive accommodations or disabled-student services in high school, including but not limited to accommodations or services provided because of an Individualized Education Plan (IEP) or a 504 plan?

Yes Not Requested Denied N/A

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: _____

F. Did you receive accommodations or disabled-student services in elementary or middle school, including but not limited to accommodations or services provided because of an Individualized Education Plan (IEP) or a 504 plan?

Yes Not Requested Denied N/A

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?

Yes

Not Requested

Denied

N/A

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: _____

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