

Request for Accommodation

Instructions

Candidates or students with a documented disability who require accommodation to take an exam should complete this application. Before sending the request, be sure you have filled it out, signed it, and included all required medical information for a specialist to certify your disability. Incomplete applications or documents will not be accepted.

Please include the following with this request: 1) the summary of your online registration or application, 2) payment of the regular exam fee using a postal money order, and 3) a medical certificate (section V of this form) or other valid evidence, like the Individualized Education Program (IEP) that documents your disability or the services a specialist has provided you.

The College Board will maintain and protect the privacy of all information provided and will only use it for offering and coordinating accommodation, if such accommodation is granted.

Requests will not be accepted after the registration deadline. THIS APPLICATION AND ALL OTHER REQUIRED DOCUMENTS SHOULD BE SENT TO THE ADDRESS THAT APPEARS ON THE BACK OF THIS FORM.

I. STUDENT/CANDIDATE INFORMATION

First family name	Second family name	Name	M. I.	Social security (last 4 digits)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address	City		State	Zip code
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Date of birth	School or institution where you study	Code	Test center	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone:	City or town			
<input type="text"/>	<input type="text"/>			

II. SELECTED PROGRAM

<input type="checkbox"/> PCMAS (Teacher Certification Exam)	<input type="checkbox"/> PNA (Advanced Level Exam)	<input type="checkbox"/> PAA (University Admission Exam) Session: <input type="checkbox"/> Saturday <input type="checkbox"/> Institutional
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III. DOCUMENTED DISABILITY DESCRIPTION - Describe your disability (see the list on the back) and select the accommodation you need.

Nature of the documented disability	Learning disorder	Physical	Blindness and visual	Auditory
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Condition	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			
Requested accommodation				
<input type="checkbox"/> Large-print test book (24 points)	<input type="checkbox"/> Reader	<input type="checkbox"/> Scribe	<input type="checkbox"/> Extended time	
<input type="checkbox"/> Use of a calculator	<input type="checkbox"/> Seat near the examiner	<input type="checkbox"/> Extra or extended breaks	<input type="checkbox"/> Sign language interpreter	
<input type="checkbox"/> Other (explain): _____				

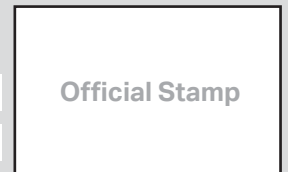
Student/candidate's signature: <input type="text"/>	Date: <input type="text"/>
Parent/guardian's signature: <input type="text"/>	Date: <input type="text"/>

IV. DIRECTOR OR AUTHORIZED OFFICIAL

The counselor or director who signs this section must validate the student's accommodation with their IEP or medical certificate.

I certify that the documented disability indicated by the student or candidate is valid and fulfills the requirements to be tested using the requested accommodation.

Name: <input type="text"/>	Title: <input type="text"/>
Signature: <input type="text"/>	Date: <input type="text"/>



V. MEDICAL SPECIALIST - Describe and recommend the accommodation that the student requires to take the exam.

If you have a copy of the student's IEP or their medical evaluation, send it with this form and leave this section blank.

Name: <input type="text"/>	Signature: <input type="text"/>	Accommodation: <input type="text"/>
Title: <input type="text"/>	Date: <input type="text"/>	<input type="text"/>
Telephone: <input type="text"/>	License: <input type="text"/>	<input type="text"/>

Nature of the Documented Disability

Use this list as a reference to describe the nature of your condition.

LEARNING DISORDERS

- Specific learning disability (SLD)
- Attention deficit disorder (ADD)
- Attention deficit hyperactivity disorder (ADHD)
- Dyslexia
- Autism spectrum disorders (ASD)
- Asperger's syndrome
- Mild intellectual disability
- Emotional disorder

PHYSICAL AND MEDICAL DISABILITIES

- Diabetes
- Hydrocephalus
- Cerebral palsy
- Hypoglycemia
- Epilepsy
- Mobility limitation

BLINDNESS AND VISUAL IMPAIRMENTS

- Ocular albinism
- Legal blindness
- Strabismus
- Color blindness

HEARING IMPAIRMENTS

- Deafness
- Partial deafness

Please send this request with all additional documents to the following address:

College Board
PO Box 71101
San Juan PR 00936-8001

Requests will not be accepted after the registration deadline. Information about deadlines can be found on our webpage: <https://latam.collegeboard.org/events>.