



CANNON BUILDING
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF EXAMINERS OF PSYCHOLOGISTS

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REQUEST FOR SPECIAL ACCOMMODATION

INSTRUCTIONS

Upload this document when you submit your application. This form is also a required submission for the Service Request "Request for Re-Examination"

Complete and submit this form to request one or more special accommodations due to a disability. To support your request, you must also submit a *current* (no more than three years old) and *comprehensive* report from a qualified examiner appropriate for evaluating your disability. The report must include the all of the following:

- Name, title, credentials and area of specialization of the qualified examiner
- Specific diagnosis
- Specific findings in support of the diagnosis (include relevant test results)
- Recommendation for specific accommodations
- Rationale for requesting specific accommodations

IDENTIFYING AND CONTACT INFORMATION

1. Full Name: _____
Last/Family First Middle
2. Other Name(s) Used: None _____
3. Date of Birth (month/day/year): _____ Gender: Male Female
4. Mailing Address: _____
City State Zip
5. Phone: _____ Email: _____
daytime evening or cell

INFORMATION ABOUT YOUR DISABILITY AND REQUESTED ACCOMMODATIONS

6. What type of disability do you have? *State the specific diagnosis.* _____

7. When was your disability first diagnosed? _____
8. How does your disability affect your daily life? _____

9. How does your disability affect your ability to take computerized examinations? _____

10. What accommodations are you requesting? Refer to the ASPPB Accommodation Code Reference below for the definition of each item. *Check all that apply.*

- | | |
|---|--|
| <input type="checkbox"/> Adjustable Armless Chair | <input type="checkbox"/> Adjustable Contrast |
| <input type="checkbox"/> Adjustable Font Size | <input type="checkbox"/> Adjustable Work Station |
| <input type="checkbox"/> ASL Interpreter Directions | <input type="checkbox"/> Bag Lunch/Snack/Beverage |
| <input type="checkbox"/> Blood Sugar | <input type="checkbox"/> Candy/Snacks |
| <input type="checkbox"/> Ergonomic Chair | <input type="checkbox"/> Ergonomic Keyboard |
| <input type="checkbox"/> Extra Time – 1 Hour | <input type="checkbox"/> Separate Room |
| <input type="checkbox"/> Extra Time – Time and 1/2 | <input type="checkbox"/> Separate Room and Lip Speaker |
| <input type="checkbox"/> Extra Time – 30 Minutes | <input type="checkbox"/> Separate Room and Reader/Recorder |
| <input type="checkbox"/> Extra Time – Double Time | <input type="checkbox"/> Separate Room and Reader |
| <input type="checkbox"/> Frequent/Extended Breaks | <input type="checkbox"/> Separate Room and Recorder |
| <input type="checkbox"/> Glucose Meter | <input type="checkbox"/> Separate Room and Service Animal |
| <input type="checkbox"/> JAWS (TTS) | <input type="checkbox"/> Separate Room and Sign Language Interpreter |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Trackball Mouse |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> ZoomText (Screen Mag Only) |
| <input type="checkbox"/> Water Bottle | <input type="checkbox"/> Other: _____ |

Attach a copy of your current evaluation report (no more than three years old)

11. Have you received accommodations for the EPPP examination before? Yes No If yes, explain what accommodations you received: _____

CANDIDATE AFFIRMATION

I affirm that the information I have provided on this request is true and accurate. I have truthfully represented my disability and the impact it has on my daily life and computerized examinations.

Signature of Applicant: _____ **Date:** _____

Upload this document in DELPROS when you submit your application or Service Request