

Professional Documentation of Disability Form

Applicant Information

Name: _____
Last First Middle

Date of Birth: ____/____/____ SSN: _____

Exam Type (circle one): Physical Therapist (PT) Exam Physical Therapist Assistant (PTA) Exam

About the Exam

The examination for which this candidate is requesting special accommodations consists of objective multiple choice questions which are administered by computer at a testing center. Minimum computer skills are required.

Exam	Number of Questions	Time Allowed	Scheduled Break	Unscheduled Breaks
PT	250 (delivered in 5 sections of 50 questions each)	5 hours	15 minute break after section 2	Breaks can be taken after sections 1,3, and 4; however, the exam timer will continue to elapse
PTA	200 (delivered in 4 sections of 50 questions each)	4 hours	15 minute break after section 2	Breaks can be taken after sections 1 and 3; however, the exam timer will continue to elapse

Professional Contact and Background Information

Name: _____ Title: _____

License Number: _____ Expiration Date: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Please describe your credentials and experience which qualify you to make this diagnosis and recommendations for testing. You may also attach your Curriculum Vitae (Resume) to show this information.

Disability and Requested Accommodations

1. Describe the diagnosed disability and date of diagnosis. Attach all written evaluations supporting the diagnosis, including the scores and interpretive data for all administered diagnosis tests.

2. Date of your last consultation with the candidate _____

3. Please describe: (1) the nature, history, and extent of the disability; (2) how it limits one or more of the candidate's major life activities; (3) if the disability will change in any way over time. In case of a learning disability, include specifics as to the type of disability (e.g., visual or auditory reception or perception, processing, memory, comprehension, verbal or written expression, etc.)

4. What effect does the disability have on the candidate's ability to perform on the test as described above?

5. What are your specific recommendations for accommodations for this candidate? Please include an explanation of why these accommodations are required.

_____ Additional Time – Time and a half

_____ Reader

_____ Additional Time – Double Time

_____ Scribe

_____ Paper and Pencil Exam

_____ Separate Room

_____ LARGE PRINT Paper and Pencil Exam

_____ Other

I certify that I have the necessary specialized training to make the above diagnosis, that I personally examined the candidate named above, and that the diagnosis and assessment of accommodations requested are based on my professional judgment. I understand that the candidate has authorized me to provide the information on this form, and to provide further information if necessary.

Signature

Date

Name (Printed)