FORM A

REASONABLE TESTING ACCOMMODATIONS QUESTIONNAIRE
(To be completed by all applicants who request reasonable testing accommodations)

NOTE: This form is part of the Application for Admission to Practice Chiropractic in South Dakota. Applicants are responsible for completeness and accuracy of the information provided. If you are requesting a reasonable testing accommodation, the following forms must be completed and returned with your application.

(Please type)
Background Information:
Applicant Name: _______________________________________________________________
Social Security Number: _________________________________________________________
Address: _____________________________________________________________________
Telephone Number: _________________________________ Exam Date: _________________

Nature of disability (Check all that apply):
___ Blind  ___ Specific learning disability
___ Visually impaired  ___ Chronic health problem
___ Hearing impaired  ___ Temporary accidental injury
___ Other physical disability  ___ Other ___________________
___ Psychological disability

My condition is:
______________________________________________________________________________

Describe the nature and extent of your disability.
______________________________________________________________________________

______________________________________________________________________________

How long have you had your disability?
___ 1 year ___ 3 years ___5 years or more ___ Most of my life

Past Accommodations Granted:

Were you in a specific school or program to accommodate your disability? YES NO
Did you receive accommodations for classroom tests? YES NO
Did you receive additional testing time for classroom tests? YES NO
Were you granted testing accommodations for taking prior South Dakota or other jurisdiction licensure exams? List state, date, and accommodation received

___________________________________________________________________________

Please describe the accommodations you were given during chiropractic school or other examinations.

___________________________________________________________________________

___________________________________________________________________________

Please describe any additional accommodations you were granted while in college and/or law school.

___________________________________________________________________________

___________________________________________________________________________

Requested Accommodations:
Please check below the accommodation(s) that you believe are necessary for you to take the South Dakota Chiropractic licensure examination.

___ Braille version of test  ___ Use of a tape recorder
___ Large print test book  ___ Use of a reader
___ Audio cassette version of test  ___ Rest periods
___ A scribe  ___ Sign-language/interpreter
___ Additional testing time for each test session. (Please specify amount of additional time requested)_________
___ Other

___________________________________________________________________________

__________________________________________________________          _________________
Signature  Date

If you are unable to sign this form, please have someone sign and date it in your presence.

________________________________________________________     __________________
Signature of individual signing on behalf of applicant Date