ASSESSMENT STRATEGIES INC.
CANADA'S TESTING COMPANY
STRATÉGIES EN ÉVALUATION INC.
LA SOCIÉTÉ SPÉCIALISTE DES EXAMENS AU CANADA

Testing Accommodations

Documentation of Disability-Related Needs Form

If you have a disability that requires an accommodation to take the registration examination, please have this section completed by a qualified health professional (e.g., physician, psychologist) to certify that you require the accommodation.

Examples of documentation completed by the qualified health professional that would support the accommodations request include:

- Identification of the disability and/or diagnosis;
- The approximate date when the disability was first diagnosed and/or identified;
- A brief history and description of the disability;
- Identification of the tests and/or protocols used to confirm the diagnosis;
- A description of past accommodations granted for the disability;
- The nature/type of the accommodation currently being requested;
- An explanation why the specific accommodation is needed;
- A legible signature, title and qualifications, and contact information (telephone, e-mail) of the qualified health professional; and
- History of accommodations provided to the candidate in testing situations during her/his education program.

Please submit the supporting documentation along with this form to the College of Kinesiologists of Ontario.

I have known _____ *since* _____
(name of the candidate) (date)

in my capacity as a _____ . *Due to the nature of the*
(professional title)

candidate's disability _____ ,
(description of the candidate's disability)

it is my opinion that the candidate should be accommodated by providing the following: *(check all that apply)*

- ❑ Separate room
- ❑ Reader
- ❑ Recorder *(who fills in answers)*
- ❑ Use of voice output software (e.g. Kurzweil)
- ❑ Large print exam
- ❑ Large print answer sheet
- ❑ Additional time *(please specify time needed)*_____
- ❑ Other *(please specify)* _____

Comments by the qualified health professional completing this form

Name:		**Title:**	
Telephone:		**E-mail:**	
Signature:		**Date:**	