

Disability and Testing Accommodations History

3. Did you receive special testing accommodations during your post secondary studies?*

If yes, please describe briefly:

If yes, identify examination(s) and test date(s):

4. In post-graduate education or a professional education program*:

- | | | |
|---|-----|----|
| a. Did you use special services for candidates with disabilities? | Yes | No |
| b. Were you accommodated in any examinations? | Yes | No |

If yes, please describe briefly:

*** PLEASE PROVIDE EVIDENCE OF TESTING ACCOMMODATIONS YOU REQUESTED AND RECEIVED FROM POST-SECONDARY INSTITUTIONS AND PROFESSIONAL EDUCATION PROGRAMS.**

Accommodations Requested

Your request for accommodation(s) and the professional's recommendation for accommodation(s) must be in agreement. The professional is required to complete the Accommodation Request: Medical Form (Form 2) in support of your requested accommodation(s).

Requested Accommodations:

Additional time: minutes, per 4-hour exam

Separate room* and proctor

Wheelchair access

Reader

Other (specify):

* separate room does not mean a private room.

Timed rest breaks: minutes, per 4-hour exam

Elevator

Sign language interpreter

Large type (pt)

Note: The accommodations should not modify the nature and level of the qualification assessed. Many of the examinations in CPA Ontario's educational qualification process are time constrained and evaluate the candidate's ability to manage time. As a result, it is not unusual for applicants to receive no additional or less time than they were previously granted.

Waiver

I, the candidate, certify that all of the information on this form is true and correct. I authorize CPA Ontario to distribute to all members of the CPA Special Accommodations Panel all relevant information related to my request for accommodated testing, including, but not limited to:

- The types of accommodations granted to me in the past;
- My accommodation request forms: Candidate Form (Form 1) and Medical Form (Form 2) and any attachments thereto;
- Any psychoeducational/neuropsychological assessment reports; and
- All relevant statements and documentation submitted by qualified / licensed professionals;

I understand that the aforementioned information will be distributed and reviewed by members of the CPA Special Accommodation Panel for the purpose of determining accommodations to be granted, if any.

X _____

Signature

/ /

Date (mm/dd/yyyy)