

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
SOUTH DAKOTA BOARD OF BARBER EXAMINERS

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FORM A

REASONABLE TESTING ACCOMMODATIONS QUESTIONNAIRE

(To be completed by all applicants who request reasonable testing accommodations)

BACKGROUND INFORMATION

Applicant Name: _____ SSN: _____

Address, City, Zip: _____

Tel: (____) _____ - _____

Exam Date: ____/____/____

NATURE OF DISABILITY

- | | |
|----------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Hearing impaired | <input type="checkbox"/> Specific learning disability |
| <input type="checkbox"/> Other physical disability | <input type="checkbox"/> Chronic health problem |
| <input type="checkbox"/> Psychological disability | <input type="checkbox"/> Temporary accidental injury |
| <input type="checkbox"/> Other | |

Describe the nature and extent of your disability

How long have you had this disability? _____

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

Please describe any additional accommodations you were granted while in Barber school?

REQUESTED ACCOMMODATIONS

- Use of reader
- Rest Periods
- Sign-language/interpreter
- Additional testing time for each test session.
- Other: _____

APPLICANT SIGNATURE

I understand that all the information on the form is true and correct and that it may be reviewed by a physician and licensed professional.

Signature

Date