

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**