

**FORM A**  
**REASONABLE TESTING ACCOMMODATIONS QUESTIONNAIRE**

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

NOTE: Applicants are responsible for the 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.

**Background Information:**

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address, City, State Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Exam Date: \_\_\_\_\_

**Nature of disability** (Check all that apply):

Hearing impaired

Specific learning disability

Other physical disability

Chronic health problem

Psychological disability

Temporary accidental injury

Other

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

Please describe any additional accommodations you were granted while in beauty school:

**Requested Accommodations:**

Use of a reader

Rest periods

Sign-language/interpreter

Additional testing time for each test session. (Please specify amount of additional time requested per one and one-half hour exam session.)

Other

**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.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fill, print, sign, and mail or email to the address above.