

FORM B

REASONABLE TESTING ACCOMMODATIONS DISABILITY DOCUMENTATION

(To be completed by a physician or licensed professional for all applicants)

NOTE: The South Dakota Chiropractic Board of Examiners requires current documentation (within the last three years) from a licensed physician or other professional in the field related to the applicant's disability. Applicant must return this form with his/her completed Application to Practice Chiropractic in South Dakota.

Physician or Licensed Professional:

Name: _____

Title: _____

License/Certification Number: _____

Address City State Zip

Telephone Number: _____

RE: Applicant Name: _____

Please describe your credential(s) which qualify you to diagnose and/or verify the applicant's disability and to recommend an accommodation:

What is the specific diagnosis, condition, or physical impairment that requires testing accommodations?

Briefly describe the nature of the condition and describe how this condition affects the applicant.

Current treatment consisted of :

Last date of treatment/date of consultation with applicant: _____

Length of treatment with applicant: _____

Is this a permanent condition/disability? Yes No

If no, when is the condition/disability likely to abate?

In what way does the condition/disability affect the applicant's ability to read, write and/or concentrate for extended periods of time?

Based on this person's disability and your diagnosis, what testing accommodations would you recommend? (Check all that would apply.)

- Regular print test book
- Braille version of test
- Audio cassette version of test
- Large print 18 pt.) test book
- Rest periods during test session
- Additional testing time -- Please specify: _____ - per session. If a specific amount of additional testing time is NOT indicated, the petition cannot be processed.
- A reader
- A scribe to record responses or to aid in the writing sample portion of the test
- Test room and restrooms accessible by wheelchair
- Medications. If so, identify: _____
- Sign-language/interpreter
- A magnifying glass
- Other _____

Please explain how the recommended accommodation relates to the disability

