



TICO EDUCATION STANDARDS REQUEST FORM FOR SPECIAL EXAM ACCOMMODATIONS

If you have a special need that requires an accommodation in taking the TICO Education Standards examination, please have this section completed by an appropriate professional (e.g. physician, psychologist, rehabilitation counsellor, special educator, social worker, or other licensed professional or certified specialist with training and experience in the assessment, diagnosis, or treatment of the relevant disabling condition) to certify that your disabling condition requires the requested test accommodation.

Also submit any existing documentation of having the same or similar accommodation provided to you in another test situation. This form must be submitted at least 2 business days before you plan to take your exam.

I have known _____ since _____
(NAME OF CANDIDATE) (DATE)

in my capacity as a _____
(PROFESSIONAL TITLE)

Because of the nature of the candidate's disability,

(DESCRIPTION OF THE CANDIDATE'S DISABILITY)

It is in my opinion, that the candidate should be accommodated by providing the following:

☐ ADDITIONAL TIME (SPECIFY TIME NEEDED) _____

☐ OTHER (PLEASE SPECIFY)

NAME: _____

TITLE: _____

OFFICE ADDRESS: _____

SIGNATURE: _____ DATE: _____

PHYSICIAN STAMP:

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Send completed and signed form to: support@oliversolutions.com