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**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, or other professional) 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.

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: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

