Continuing Care Assistant Program
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Disability Related Exam Accommodations Form
Education Providers

Directions: As the Primary Instructor or Disability Resources Facilitator, you are requested to complete the outlined information below, including supporting information to allow the CCA Exam Committee or delegate to make an informed decision of accommodations required.

Submission: The responsibility to submit this information to CCA Exam Committee rests with the applicant.

I (education provider) have known _____ (applicant) since _____ (date) in my capacity as _____(role).

Accommodation(s) Requested for Examination

Because of the nature of the applicant's request and history with the CCA Program, it is my opinion that the applicant should be accommodated by providing the following: (check all that apply)

- ❑ Separate room
- ❑ Reader
- ❑ Scribe
- ❑ Additional Time*
- ❑ Large Print Exam
- ❑ Large Print Answer Sheet
- ❑ Technology*(e.g. Kurzweil, Premier)
- ❑ Other*

*Please Specify:_____

Rationale: Briefly explain what accommodations were employed during the applicant's course of study. (Attach additional sheets as necessary)

_____
_____
_____
_____
_____

Name: _____ Title_____

Phone #: _____ Email: _____

Signature:_____ Date: _____

In submitting this application, the Education Provider assures CCA Exam Committee that the applicant has met the CCA Program Entry Requirements.

CCA Exam Committee may request documentation to verify entry requirements were met during the screening and application process prior to approving requested accommodations and will not consider the psycho-educational assessment or medical assessment in isolation.

Please attach any relevant supporting documentation, examples include; academic plan, case history, and teaching and assessment tools. If there is no supporting documentation, it may have a negative impact on the application process.