



Document of Disability-Related Needs

Please have this form completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that Career Certified Brands are able to provide the requested accommodation.

Professional Documentation

I have known _____ (student name) since _____ (date) in my capacity as a _____ (professional title).

The student discussed with me the nature of the education. It is my opinion that, because of this student's disability described below, he/she should be accommodated by providing the special arrangements listed on this form.

Description of Disability: _____

Special Arrangements (select accommodations that apply):

☐ Extended Exam Time

☐ Screen Reader

☐ Ability to read the questions out loud to yourself

☐ Other accommodation not listed

Please describe any accommodations not listed: _____

Signature of Professional: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____ Email Address: _____

Date: _____ License # (if applicable): _____