

Accommodation Request Form

Kaplan carefully considers all requests for accommodations on a case-by-case basis to understand what you require to make your Kaplan experience successful. Please submit this form well in advance of the date you will need the arrangements to begin to allow us reasonable time to process it and to coordinate the accommodations.

You do not need to submit a form when the digital experience includes the user's ability to untimed tests, activate closed captioning, zoom in and out, use text to speech screen readers, and more. If the accessibility feature or accommodation you need is not immediately available to you within the digital platform, please contact us at accessibility@kaplan.com. We may need to enable or prepare them for you manually. Kaplan continuously updates its products and learning platforms.

Information about accommodations for the official test can be found on the official website of the test administrator for your exam.

*Please note that medical support documentation may be needed to better understand your needs. If you have documentation readily available, please submit it now to save time. If you do not submit it at this time, we may ask you to submit it later in an email to accessibility@kaplan.com.

If you need assistance with filling out this form or need an alternate format of the form, please contact accessibility@kaplan.com

Return the completed documentation to:

Fax: (212) 253-4084 or Email: accessibility@kaplan.com

Please answer each of the following items.

Student First Name:

Student Last Name:

Email Address:

What course or product did you purchase?

Course Start/Access Date:

Anticipated Official Testing Date:

Return the completed documentation to the Kaplan Accessibility Team
Fax: 212-253-4084 or Email: accessibility@kaplan.com

What is the nature of your disability? Select all that apply.

Cognitive

Visual

Auditory

Physical

Other

Please describe how the nature of your disability affects your studies:

What type of accommodation(s) are you requesting?

Extended time

Alternative Format

CART Services

ASL Services

Early access

Closed Captions

Other

Please provide specifics of the accommodation(s) you are requesting (i.e. PDF format, closed captioning, 50% extra time, 100% extra time, etc):

***Include supporting medical or prior accommodation approval documentation.
Please include recent Medical Documentation.***

CERTIFICATION

I understand that the information is necessary to process this application and must be available to Kaplan reasonably in advance of the services (or testing) date to timely process my request for accommodations. Under certain circumstances, my official test date may be delayed and I should plan my application process accordingly.

By signing below, I attest that all the information on this form is true and correct to the best of my knowledge.

Name of Student

Date

Signature (If under 18, must be signed by parent or legal guardian)