

Nova Scotia Canadian Adult Education Credential (CAEC) Test Accommodations Request Form

Accommodations are approved on a case-by-case basis for candidates that have a medically diagnosed condition or learning disability. To review and determine approval of requested accommodations, we require documentation from a Certified Professional to state a specific diagnosis with a specific recommendation(s) for accommodations, and the accompanying rationale.

Universal supports will be available on-screen to all test-takers. The following supports can be activated during testing and do not need to be applied for:

- Screen colour overlay
- Zoom feature
- Screen text highliner/line reader

Section 1: To be completed by the CAEC Test-Taker

1A: Personal Information and Release of Information

Surname	First Name	Middle Name	
Date of Birth (MM-DD-YYYY)		Age	
Mailing Address	City	Province	Postal Code
Telephone Number	Email Address		

Release of information: I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to the Nova Scotia CAEC Administration and its designees in connection with my request for testing accommodations.

Scheduling: I understand that accommodated testing cannot be scheduled until my accommodations are approved. If I schedule a test before receiving approval, it will result in using 1 of 3 test attempts for the calendar year. For more information, please refer to the Nova Scotia CAEC Candidate Guide.

Test-Take Signature

Date (MM-DD-YYYY)

Section 2: *To be completed by the Certified Professional*

2A: Special Arrangements and Accommodations

Special Arrangements and/or Accommodations are supports that a candidate may request with reason by providing a doctor’s note or supporting documentation, identifying the test taker’s current functional limitations related to a diagnosed medical condition or learning disability that might affect the test-taker’s ability to take the tests under standard conditions. Supporting documentation must be clear, so that the rationale for the request can be properly evaluated.

Please specify which type(s) of accommodations request is being made below, and ensure the supporting documentation attached is sufficient to support the request.

1. **Special Arrangements**

Examples of accepted supporting documentation for special arrangements: Letter or report from a General Practitioner

OR

2. **Special Accommodations**

Examples of accepted supporting documentation for special accommodations: Letter or report from a Specialist Physician Practitioner, psychoeducational assessment, letter, or report from a diagnostician specializing in learning disabilities (i.e. a psychologist with educational or developmental training, an Occupational Therapist, a Speech Pathologist etc.)

Please identify the accommodations required to support your medical condition or diagnosed learning disability.

**Please note that all testing centres are wheelchair accessible. Some accommodations are available only at specific testing centres, not every testing centre can offer all accommodations.*

Special Arrangements:

- Extended Time
- Private Room
- Supervised Breaks (specify frequency in minutes): _____
- Other: _____

Special Accommodations:

- Dictation (speech-to-text) + private room
- Audio (text-to-speech) + headphones
- Additional time (maximum double time)
- Other: _____

Please note, for documentation to be considered in the accommodations request:

- The report must be completed by the Certified Professional and indicate certification or licensure
- The report must be on official letterhead and signed by the Certified Professional
- The report must provide a diagnosis with supporting documentation of the medical condition or learning disability
- Documentation will be viewed as sufficiently current if it has been completed within the last 3 years (older documentation may be considered if that is all that the test-taker can provide without undue burden or expense)

Provide any additional information you wish to be considered when this request for accommodations is reviewed.

**If you are unable to obtain documentation from a Certified Professional, please contact Nova Scotia CAEC Administration at CAEC@novascotia.ca.*

Please return completed applications to:

Email: CAEC@novascotia.ca

Mailing Address:

PO Box 697
Halifax, NS, B3J 2T8

For office use only:

Approval by CAEC Administrator

Approval: Yes _____ No _____

Signature (initials): _____

Date (MM-DD/YYYY): _____ / _____ / _____