

# ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

## Pearson VUE Accommodation (Reasonable Adjustments) Request Form

### SECTION 1: CANDIDATE'S IDENTIFYING INFORMATION:

Complete all information. Make sure that all sections are complete before you submit the form.

For which test are you requesting accommodations (reasonable adjustments)?

\_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province/Territory: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Phone Number: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Additional person(s) you permit Pearson VUE Accommodations Team to discuss/contact on your behalf regarding this request.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Dates this authorization is valid from: \_\_\_\_\_ to \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are under 18, a parent or guardian must also sign.**

Parent/Guardian's Name (if Candidate is under 18): \_\_\_\_\_

Parent/Guardian's Signature (if Candidate is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 2: REQUESTED ACCOMMODATIONS

Please indicate what accommodations you are requesting, and provide a rationale for each:

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

\_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

\_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

\_\_\_\_\_

Accommodation: \_\_\_\_\_

Rationale: \_\_\_\_\_

\_\_\_\_\_

### SECTION 3

Supporting documentation should be attached to this request form. Documentation is current if the assessment was completed within the last three (3) years.

Documentation should:

1. Include a clear diagnosis
2. Document the history of impairment
3. Confirm that the symptoms are not due to other disorders, such as an emotional disorder, physical disorder, or English-as-a-second-language (ESL) factors
4. Provide information on current functional limitations that are likely to affect the candidate's ability to take the test under standard conditions
5. Provide a specific rationale for each requested accommodation

*Meeting criteria for ADHD using globally recognized standards (e.g., DSM, ICD):* In order to be diagnosed with ADHD, there should be evidence of symptoms that led to substantial impairment, prior to the age of 12, and that the current symptoms cannot be better accounted for by another disorder or other explanation. There should be evidence of current impairment in **two or more life settings** (academic, social, vocational).

Detailed documentation guidelines for Attention-Deficit/Hyperactivity Disorder (ADD/ADHD) can be found on-line at: [http://www.pearsonvue.com/accommodations/pdfs/adhd\\_evaluator\\_pearson.pdf](http://www.pearsonvue.com/accommodations/pdfs/adhd_evaluator_pearson.pdf).

**FAX Accommodations requests to: 610-617-9397**

**Questions? Email us: [accommodationspearsonvue@pearson.com](mailto:accommodationspearsonvue@pearson.com)**

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