

Dental Admission Test Testing Accommodation Request

The DTS provides reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act for individuals with documented disabilities who demonstrate a need for accommodation.

The Americans with Disabilities Act defines a person with a disability as an individual with a physical or mental impairment that substantially limits one or more major life activities.

Problems such as English as a second language, test anxiety or slow reading without an identified underlying physical or mental deficit, or failure to achieve a desired outcome are generally not covered by the Americans with Disabilities Act.

Testing accommodations may be provided to an examinee with a qualified disability to offer equal access to testing.

Examinees must request testing accommodations with each application, but will not be required to submit additional documentation for the same disability/condition with subsequent retest applications.

Request for Testing Accommodations and Appropriate Documentation

The following information will assist you in submitting the appropriate documentation to support the testing accommodation request. The documentation will assist the DTS in determining whether the individual qualifies for accommodations under the Americans with Disabilities Act.

The DTS requires a complete evaluation of the examinee as well as the completed and signed Testing Accommodation Request form. A licensed professional appropriately qualified for evaluating the disability must conduct the evaluation.

If you have a documented disability recognized under the Americans with Disabilities Act and require testing accommodations, you must:

1. At the time you submit your DAT application and prior to scheduling a testing appointment check the box that indicates you are requesting testing accommodations. You must submit an application to test **and** the testing accommodation request form **and** the supporting documentation. The process is not complete until you have submitted all three components. You will schedule a testing appointment after your testing accommodation request has been approved. Testing accommodations cannot be added to a previously scheduled testing appointment. If you schedule a testing appointment before the approval of testing accommodations, you will be required to reschedule the appointment and pay a reschedule fee.
2. Submit the following documents (as a single attachment) to datexam@ada.org:
 - a. **Testing Accommodation Request Form** (found at www.ADA.org) signed, and dated, describing the disability and the need for accommodations. Accommodations should align with the identified functional limitation so that the adjustment to the testing procedure is applicable to the identified impairment. A functional limitation is defined as the behavioral manifestation of the disability that impedes the individual's ability to function.
 - b. **Current evaluation report** (within the past five years) from the appropriate licensed professional. The document (must be on official letterhead) should include the professional's credentials, signature, address, and telephone number. The report must

indicate the examinee's name, date of birth, and date of evaluation. The report should include:

1. The specific **diagnostic procedures or tests** administered. Diagnostic methods used should be appropriate to the disability and in alignment with current professional protocol.
 2. The **results of the diagnostic procedures** and/or tests and a comprehensive interpretation of the results.
 3. The specific **diagnosis of the disability**, with an accompanying description of the examinee's limitations due to the disability.
 4. A summary of the complete evaluation with **recommendations for the specific accommodations** and how they will reduce the impact of identified functional limitation.
- c. **Documentation of any previous accommodations** provided by educational institutions or other testing agencies. If no prior accommodations were provided, the licensed professional should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.

Unacceptable Forms of Documentation

Please do not submit the following documents; the DTS will not accept them.

- Handwritten letters from licensed professionals.
- Handwritten patient records/notes from patient chart.
- Diagnoses on prescription pad.
- Self-evaluations found on the Internet or in any print publication.
- Research articles.
- Original evaluation/diagnostic documents; submit copies of the original documents.
- Previous correspondence from the DTS; the DTS maintains copies of all correspondence.
- Correspondence from educational institutions or testing agencies not directly addressed to the DTS.

**Dental Admission Test
Testing Accommodation Request Form**

Please return this signed form and supportive documentation (as a single attachment) by e-mail to datexam@ada.org. Upon receipt, DTS will review your request and notify you in writing of the decision.

Personal Information		
First Name	Middle Name	Last Name
Street Address		
City		Daytime Telephone Number
State		DENTPIN[®]
Zip Code		

Accommodation History	
Indicate any previous accommodations you received and the corresponding dates.	
Standardized Examination	Educational Institution
Name of Test:	Name of Educational Institution:
Date(s):	Date(s):
Specific accommodation received:	Specific accommodation received:
Other:	Other:

Nature of Disability	
Circle or highlight the disabling condition and indicate the year of diagnosis.	
Disability	Year of Diagnosis
Language Impairments	
Expressive Language Disorder	
Receptive Expressive Language Disorder	
Receptive Language Disorder	
Learning Impairments	
Mathematics Disability	
Reading Disability	
Writing Disability	
Medical Impairments	
Diabetes	
Other	
Mental Health Impairments	
Attention Deficit Disorder	
Attention Deficit Hyperactivity Disorder	
General Anxiety Disorder	
Sensory Impairments	
Hearing Disability	
Visual Disability	
Other	

Requested Accommodation

Indicate the specific accommodation you are requesting; accommodation must be applicable to the disability.

Authorization

I, the undersigned, certify that the information I have provided is correct. I give permission to the Department of Testing Services to contact the licensed professional (who diagnosed my disability) and/or the educational institution (that granted me previous testing accommodation) for additional information or clarification as needed. I authorize such professionals and educational institutions to provide the DTS with such clarification and/or further information as needed.

Examinee's Signature: _____

Date: _____