TEST ACCOMMODATIONS INFORMATION, INSTRUCTIONS AND REQUEST FORM

The American Registry of Radiologic Technologists works with Paradigm Testing to manage the testing accommodation request, review and decision process.

INFORMATION
All candidates who are requesting test accommodations because of a disability must provide current documentation of their condition that explains how it is expected to affect their ability to take the test under standard conditions. This would include supporting documentation from the professional who diagnosed the condition.

The following guidelines are provided to assist the applicant in requesting test accommodations based on an impairment that substantially limits one or more major life activities. It is critical to understand that analysis of your functional limitation is made by comparing your abilities to those of most people in the general population. Many people have relative strengths and weaknesses, and in some people these are pronounced. However, in order to be disabled, you must be substantially limited relative to most people, not relative to your own IQ or relative to your classmates.

SPECIFIC DOCUMENTATION GUIDELINES
Test candidates and their evaluator (doctor, psychologist, etc.) should carefully review these Guidelines to be sure that your supporting evidence is sufficient for us to make an informed decision. The Guidelines below are not mandatory per se; they are, in fact, “guidance” for you and your evaluator. No accommodations request will be “automatically” approved or denied; all requests are carefully reviewed in their entirety, on an individualized, case-by-case basis.

All candidates who are requesting test accommodations because of a disability must provide appropriate documentation of their disability and show how it is expected to impact their ability to take the test under standard conditions. Documentation should include current details that describe your diagnosis and the functional limitations that justify the requested test accommodations. All documentation should be in English.

It is not enough to document a diagnosis of a particular condition; your documentation must articulate how the diagnosis rises to the level of a disability, how the condition is expected to impact your ability to take the test under standard conditions, and how the requested accommodation is expected to mitigate the effects of your disability.
1. Your supporting evidence should meet these general criteria:

A. Supporting evidence from a qualified evaluator must be provided. No accommodations requests will be reviewed without some form of supporting evidence.

B. Supporting evidence must be printed on your evaluator’s letterhead.

C. Your supporting evidence must provide information about your current functional limitations, as they relate to your need for test accommodations.

D. The evaluator must be qualified (see Note 1 below).

E. The evaluator’s report must include a specific diagnosis.

F. The supporting evidence should demonstrate not only that you meet diagnostic criteria for a particular condition, but also that your condition is disabling (substantially limiting to you, relative to most people).

G. Supporting documentation should include specific recommendations for testing accommodations with a rationale for each.

H. Supporting documentation must be dated, and must be signed by the evaluator.

I. If you have a language-based learning disability and your native language is not English, you must provide evidence of a learning disability in your native language (see Note 2 below).

2. Your supporting evidence must adhere to the Currency Guidelines:

These timelines may be adjusted for unique or unusual situations.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Documentation is current if within:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Disability</td>
<td>5 years</td>
</tr>
<tr>
<td>Attention-Deficit/Hyperactivity Disorder (ADHD)</td>
<td></td>
</tr>
<tr>
<td>(includes attention deficit disorder)</td>
<td>3 years</td>
</tr>
<tr>
<td>Psychiatric/Psychological Disorders</td>
<td>1 year</td>
</tr>
<tr>
<td>Permanent physical disorders, including lifelong vision, hearing, and mobility impairments</td>
<td>5 years</td>
</tr>
<tr>
<td>Chronic health conditions, Traumatic Brain Injury (TBI) &amp; transitory physical disorders</td>
<td>Generally, 1 year or less, depending on condition and expected duration</td>
</tr>
</tbody>
</table>
3. Additional information that may be helpful for us to more fully understand your accommodations needs:

A. Supporting documentation should contain relevant information about the history of your condition, its impact on your current functioning, and your prognosis (how long your condition is expected to continue). This is especially helpful if your condition is a lifelong physical condition, or a condition that must be first apparent in childhood (ADHD or a Learning Disability).

B. If formal psychoeducational testing was administered, the supporting documentation should include all scores, subtest scores, and index scores for any objective tests that were administered to you.

C. It may be helpful for us to see relevant medical or academic records, if these establish a history of a disabling condition and the need for accommodations. Again, while not specifically required, these may be helpful to us in determining your accommodations needs. For example, you may be able to provide us with academic records that show difficulties in elementary, secondary, and post-secondary education. These records could include grade reports, Individual Education Plans, 504 Plans, standardized test scores, and teachers’ comments.

NOTES

1. A **qualified professional** must provide the supporting evidence. An individual is deemed to be qualified to conduct a psychological, psychoeducational, or medical evaluation if he or she has had extensive graduate-level training in the area of assessment of adults. This usually includes formal education and training in the history, nature, identification, and treatment of learning, psychological, or medical disorders. In most cases, the examiner should have a doctoral or medical degree. Although unlikely, we reserve the right to request evidence of an evaluator’s professional qualifications.

2. **If your native language is NOT English**: Please note that speaking English as a second language is a life circumstance, not a disability; only disability-related accommodations are approved.
INSTRUCTIONS

(1) Read this entire document. Share it with the professional evaluator(s) who will be preparing the documentation supporting your request for testing accommodations.

(2) Complete the Accommodations Request Form. Be sure to sign it where indicated.

(3) Prepare a personal statement describing your disability and its impact on your daily life and educational functioning. Do not confine your comments to standardized test performance; discuss your overall functioning.

(4) Make sure the documentation supporting your request for testing accommodations, including your professional evaluator’s report and any supporting documentation, contains all of the information required by the Specific Documentation Guidelines. Incomplete documentation will delay the processing of your request for testing accommodations.

(5) Attach all documentation supporting your request for testing accommodations to your Accommodations Request Form.

(6) Send your Accommodations Request Form and all supporting documentation in the same envelope/package as your certification and registration application and fee to:

    The American Registry of Radiologic Technologists
    Initial Certification Department
    1255 Northland Drive St. Paul, MN 55120
ACCOMMODATIONS REQUEST FORM

The American Registry of Radiologic Technologists works with Paradigm Testing to manage the testing accommodation request, review and decision process.

Carefully review the instructions on the previous page.

Make sure all four sections are complete before submitting the form. Paradigm Testing accommodations specialists will review your documentation and let you know if any additional information is required.

Print legibly.

PART 1:

First Name: ___________________________ Last Name: __________________________________

Date of Birth: _________________________  E-Mail: ______________________________________

ID:#___________________________________   Phone Number: ____________________________

Have you ever requested testing accommodations for an ARRT test? (circle one)       Yes   No

If “Yes”, what date did you request testing accommodations ______________________________

Candidate’s Signature: _____________________________________________Date:______________

PART 2: Indicate with an “X” the testing accommodation(s) you are requesting:

☐  Extended Time: Standard Time + 25% (total: XX hours)
☐  Extended Time: Standard Time + 50% (total: XX hours)
☐  30 additional minutes
☐  Scribe*
☐  Reader*
☐  Private room
☐  Other (specify):_________________________________________________________
☐  Other (specify):_________________________________________________________
☐  Other (specify):_________________________________________________________

* NOTE: These accommodations are automatically approved with a private room to prevent distractions to other test-takers. Note that a scribe and/or reader are only approved in circumstances where the applicant is unable to read or write independently, even with extra time.
PART 3: Provide a specific rationale for each accommodation you are requesting. You may also write a personal statement and attach it to this request.

Accommodation requested: ___________________________________________
Rationale: ______________________________________________________

Accommodation requested: ___________________________________________
Rationale: ______________________________________________________

Accommodation requested: ___________________________________________
Rationale: ______________________________________________________

Accommodation requested: ___________________________________________
Rationale: ______________________________________________________

PART 4: Release of information & Document Retention Policies:

I understand that I am submitting this request with supporting documentation to The American Registry of Radiologic Technologists (ARRT). I understand that ARRT works with Paradigm Testing to evaluate my request, and authorize release of my request and documentation to Paradigm Testing.

I understand that Paradigm Testing, at its discretion, may consult with recognized experts in order to make accommodations decisions. These experts have a contractual relationship with Paradigm Testing, have signed Non-Disclosure Agreements, and comply with Paradigm Testing’s Privacy Policy.

I understand that documents provided to Paradigm Testing will not be returned to me.

I understand that Paradigm Testing will destroy all accommodations-related documentation according to its retention policy; however, accommodations decision letters will be retained for a minimum of five years.

_________________________________________ _______________________
Test-Taker Signature       Date