

Dental Admission Test Testing Accommodation Request

The Department of Testing Services (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, slow reading without an identified underlying cognitive deficit, or failure to achieve a desired outcome are not learning disabilities and are not applicable to the Americans with Disabilities Act.

At the discretion of the DTS, testing accommodations may be provided to an examinee with a disability to offer equal access to testing. Once approved for testing accommodations all subsequent testing will be approved for testing accommodations. Examinee's must request testing accommodations with each application, but will not be required to submit additional documentation.

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 validate that the individual qualifies for accommodations under the Americans with Disabilities Act.

To verify the disability and its severity, 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 in accordance with the Americans with Disabilities Act and require testing accommodations, you must:

1. Notify the Dental Admission Testing Program that you are requesting testing accommodations at the time you submit your DAT application and prior to scheduling a testing appointment.
2. Submit the Testing Accommodation Request Form found at www.ada.org or attached here to, 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.
3. Submit a current evaluation report (within the past five years) from the appropriate licensed professional. The document should include the professional's credentials, address, and telephone number. The report must indicate the examinee's name, date of birth, and date of evaluation. The report should include:
 - a. The specific diagnostic procedures or tests administered. Diagnostic methods used should be appropriate to the disability and in alignment with current professional protocol.

Examples of test administered may include, but are not limited to, the Wechsler Adult Intelligence Test, Wechsler Memory Scale, Wechsler Individual Achievement Test, Test of Attention and Executive Functions, Test of Memory, Test of Language, Tests of Visual Perception/Construction, and Tests of Personality/Mood.

- b. The results of the diagnostic procedures and/or tests and a comprehensive interpretation of the results.
 - c. The specific diagnosis of the disability, with an accompanying description of the examinee's limitations due to the disability.
 - d. A summary of the complete evaluation with recommendations for the specific accommodations and how they will reduce the impact of identified functional limitation.
4. Submit 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 Department of Testing Services (DTS) will not accept them.

- 1) Handwritten letters from licensed professionals
- 2) Handwritten patient records or notes from patient charts
- 3) Diagnoses on prescription pads
- 4) Self-evaluations found on the Internet or in any print publication
- 5) Research articles
- 6) Original evaluation/diagnostic documents; submit copies of the original documents.
- 7) Previous correspondence from the DTS; DTS maintains copies of all correspondence.
- 8) 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 by U.S. mail to the Department of Testing Services: Testing Accommodation Request at 211 East Chicago Avenue, Suite 600, Chicago, Illinois 60611-2637. Upon receipt, DTS will review your request and notify you in writing of the decision.

Personal Information		
First Name	Middle Initial	Last Name
Street Address		
City	Daytime Telephone Number	
State	Social Security #	
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	
Epilepsy	
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: _____