



Psychology Program
PO Box 47877
Olympia WA 98504-7877
360-236-4700

Professional evaluator form for applicant's disability-based accommodation for examination(s)

Please print or type clearly in blue or black ink.

Do not reference any separate report for the answers to the questions listed below. This form must be completed in order for the applicant's request to be considered.

Review the board's [policies and procedures](#) for disability-based examination accommodation requests before you complete this form. The applicant must notify the board of the examination(s) that they are requesting a disability-based accommodation. The following are the examinations available:

- The Examination for Professional Practice in Psychology (EPPP) is a national examination administered by Prometric Examination Services (PES).
- The jurisprudence examination is developed by the board and administered by the Department of Health.

The applicant must complete both examinations prior to licensure, see [WAC 246-924-070](#). The [policies and procedures](#) include information about the requirements for a disability determination, including:

- Applicable definitions of "disability" under the Americans with Disabilities Act (ADA);
- Washington Law Against Discrimination (WLAD).

Applicants name:

Applicants Date of Birth (mm/dd/yyyy)

1. State the credentials and experience that qualify you to make the determination of any disability related to the applicant's request for an accommodation to take the EPPP and/or the board's jurisprudence examination, and to make any recommendation for an accommodation.

2. What is the type of disability that limits one or more of the applicant's major life activities (physical, mental, or learning)?

3. What is the nature and extent of the disability (diabetic, dyslexia, hearing impaired or vision)? Does the disability limit one or more of the applicant's major life activities, and will the disability change in any way over time? Does the disability impair the applicant's ability to take either of the exams required? Include objective data in your analysis.

4. How did you arrive at your diagnosis (clinical interview, record review, psychological, or neuropsychological assessment)? Please attach documentation to support your diagnosis.

5. What is the effect(s), if any, of any disability you have assessed on the applicant's ability to perform under normal testing conditions? Please see our [website](#) for examination information.

6. If applicable, what is the recommended accommodation? Identify each examination that the accommodation is being recommended for.

___ Additional 30 minutes of time

___ Large-type exam and answer sheet

___ Time and a half

___ Additional rest breaks

___ Double-time

___ Scribe

___ Separate room

___ Audio recording of exam

___ Reader

___ Sign Language Interpreter

___ Other _____

7. How does the accommodation you selected relate to the applicant's disability given the format of the examination? Relate any comments to each exam for which any accommodation is recommended.

I certify that all of the information I have provided is true and correct.

Evaluator Name

Title

Business Name

Phone (enter 10 digit #)

Signature

Date (mm/dd/yyyy)

Once this form has been completed, send it to the address listed above or you can also return it to the applicant to submit with their accommodation request. The board will not review the applicant's request until both forms have been received.