



Documentation of Disability-Related Needs

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that PSI is able to provide the required accommodations.

Professional Documentation

I have known _____ since ____ / ____ / ____ in my capacity as a

Candidate Name

Date

My Professional Title

The candidate discussed with me the nature of the test to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the Request for Special Examination Accommodations form.

Description of Disability: _____

Signed: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____ Email Address: _____

Date: _____ License # (if applicable): _____

**Submit this form with your online request by visiting:
[https://psi-cdexp.zendesk.com/hc/en-us/requests/new?
ticket_form_id=360000991112](https://psi-cdexp.zendesk.com/hc/en-us/requests/new?ticket_form_id=360000991112)
If you have questions, call 1-800-367-1565 x6750.**