

] Logistical Provisions (e.g. adjustable height table, enlarged keyboard, adjustable swivel arm for Keyboard) Specify equipment needed:

] Aids (e.g. magnifying glass) Specify equipment needed:

] Sign Language Interpreter (provisions for an individual to serve as translator between the Candidate and the test center administrator)

] Other – please specify:

5. _____
Signature of Executive Director or Designee

Date Signed

FOR OAB USE ONLY

Review and approval of documentation is required prior to authorizing testing modifications. Please check below to verify that each type of documentation was reviewed (attach a copy of any documentation that specifically describes the nature of the equipment requested):

_____ Letter from candidate requesting modifications.

_____ Letter of diagnosis from appropriate medical personnel.

_____ Letter from university or college indicating what modifications, if any, were previously granted to the candidate.

_____ No modifications were granted by the university or college.

_____ Candidate has been previously approved to test with modifications.

_____ Date OAB submitted ATT with accommodation request to NASBA.

Signature of Executive Director or Designee

Date Signed