

Section Heading: Exam Accessibility

Date: March 28, 2017

Related Documents:

1. Exam Accommodations Request form
2. Documentation of Medical Condition form
3. Reader Declaration form
4. Translator Declaration form

Description

“**Academic Accommodation**” consists of arrangements that allow a student with a disability a fair opportunity to engage in academic activities and fulfill essential course and program requirements. Accommodation does not remove essential requirements of a course or program. It does not fundamentally alter content of exams, standards for assigning grades, or requirements that students independently demonstrate their knowledge of course material.

Examination procedures should enable every examinee equal opportunity to demonstrate the knowledge, skills, or competencies being assessed. Special examination conditions must not give a candidate an unfair advantage over other candidates. Accommodations change the delivery of an examination but must not reduce the validity and reliability of the examination, compromise the integrity of the examination or lower the achievement criteria in the program standard.

Accommodations are based only on functional limitations, not on preferences.

Policy

- Approved upon receipt of a completed Exam Accommodations Request form and Documentation of Medical Condition form which specifies that the participant’s physical, mental, or learning disability places the participant at a disadvantage regarding fair testing of knowledge and abilities if tested by standard administration. This verification should specifically identify the disability and recommend the type of exam accommodation requested.
- Documentation of Medical Condition form must be filled out by an authorized licensed professional (appendices-i,ii).
- Requests must be received 30 days prior to the scheduled or requested examination date to allow for appropriate arrangements to be made if the request is granted.
- Applicants will be informed in writing of the determination.

Types of Accommodation

1. Additional Time
2. Large Print Versions of Written Examinations
3. Reader
4. Supervised Rest Periods or Breaks
5. Translation Dictionary
6. Translator/Interpreter
7. Use of a quiet space, or a separate room, to write exam

1) Additional Time

- a) Approved upon receipt of completed Request for Exam Accommodation form and current written verification by an appropriate medical doctor or diagnostic specialist that the candidate's physical, mental, or learning disability places the candidate at a disadvantage regarding fair testing of knowledge and abilities if tested by standard administration.
- b) This verification should specifically identify the disability and recommend *additional time* as the type of exam accommodation requested.
- c) Approved accommodations will result in a time extension of *thirty minutes* unless otherwise requested by a physician.

2) Large Print Versions of Written Examinations

- a) Approved upon receipt of completed Request for Exam Accommodation form, signed Reader Declaration form and current written verification by an appropriate medical doctor or diagnostic specialist that the candidate's physical, mental, or learning disability places the candidate at a disadvantage regarding fair testing of knowledge and abilities if tested by standard administration. This verification should specifically identify the disability and recommend *a large print version of the exam* as the type of exam accommodation requested.
- b) Use of large print materials will not result in extra time permitted.

3) Reader

- a) Approved upon receipt of completed Request for Exam Accommodation form, signed Reader Declaration form and current written verification by an appropriate medical doctor or diagnostic specialist that the candidate's physical, mental, or learning disability places the candidate at a disadvantage regarding fair testing of knowledge and abilities if tested by standard administration. This verification should specifically identify the disability and recommend a reader as the type of exam accommodation requested.
- b) An individual exam session may be extended by thirty additional minutes in recognition of the extra time required for the use of a reader.

Readers must be at least 18 years of age and provide one of the following types of current, valid government issued photo identification:

- Passport (Canada or foreign)
- Driver's License
- Canadian Permanent Residency Card
- Canadian Certificate of Indian Status*
- Provincial Driver's License (issued by a Canadian Province or Territory)
- Provincial Identification Card (i.e. Quebec Medicare card)

*Cards/Certificates without an expiry date will not be accepted

Before the exam begins, the invigilator will ensure that the identification provided matches the Reader Declaration submitted to POC.

The reader must not:

- Be a professional organizer or employed in the trade or a related trade.
- The reader will read the printed questions and answer options from the examination booklet aloud, providing no additional information or interpretation of any kind to the candidate.
- The reader will not assist the candidate in any manner to answer questions or provide any prohibited assistance or selecting answers on the candidate's behalf.
- Only one approved reader may assist the candidate during any exam session.

4) Supervised Rest Periods or Breaks

- a) Approved on a case-by-case basis upon recommendation of an appropriate diagnostic specialist, with the spacing and duration of rest periods or breaks based upon that recommendation.
- b) Approved upon receipt of a completed Request for Exam Accommodation form and current written verification by an appropriate medical doctor or diagnostic specialist that the candidate's physical, mental, or learning disability places the candidate at a disadvantage regarding fair testing of knowledge and abilities if tested by standard administration. This verification should specifically identify the disability and recommend *a rest period or break as the type of exam accommodation requested.*
- c) Time will be extended *equivalent to the rest period or break taken.*

5) Translation Dictionary

- a) Permitted upon receipt of completed Request for Exam Accommodation form (no requirement for qualified professional recommendation)
- b) May be used to translate words or phrases from English into French. Dictionaries which provide definitions, examples or similar information are prohibited.
- c) Invigilator will examine the dictionary before and after the exam to ensure no prohibited information enters or leaves the exam room.
- d) Use of a dictionary can result in thirty additional minutes if the invigilator notices that the candidate needed the dictionary frequently.

6) Translator/Interpreter

- a) Permitted upon receipt of completed Request for Exam Accommodation form and signed Translator Declaration form (no requirement for qualified professional recommendation).

Translators/Interpreters must be at least 18 years of age and provide one of the following types of current, valid government issued photo identification:

- Provincial Driver's License (issued by a Canadian Province or Territory)
- Provincial Identification Card (i.e. Quebec Medicare card)
- Passport (Canada or foreign)
- Driver's License
- Canadian Permanent Residency Card
- Canadian Certificate of Indian Status*

*Cards/Certificates without an expiry date will not be accepted

The translator/interpreter must not:

- Be a professional organizer or employed in the trade or a related trade.
- Have practical knowledge of the trade.

7) Use of a quiet space, or a separate room, to write exam

- a) Approved upon receipt of completed Request for Exam Accommodation form and current written verification by an appropriate medical doctor or diagnostic specialist that the candidate's physical, mental, or learning disability places the candidate at a disadvantage regarding fair testing of knowledge and abilities if tested by standard administration.
- b) This verification should specifically identify the disability and recommend *use of a quiet space or a separate room to write the exam* as the type of exam accommodation requested.
- c) Use of a quiet space or a separate room to write the exam *will not result in extra time* permitted.

Appendices

i) Authorized Licensed Professional

ADD/ADHD:

Psychiatrist, Psychologist (with clinical designation) or Physician with specialized training

Chronic Health Impairment:

Medical Specialist or Physician

Hearing Disability:

Certified Audiologist

Learning Disability:

Psychologist or other appropriately accredited professional trained to do learning assessments

Mental Health Disability:

Psychiatrist, Neurologist, Physician or Psychologist

Neurological Disability:

Neurologist, Psychiatrist or Physician

Physical Disability:

Medical Specialist or Physician

Visual Disability:

Ophthalmologist or Optometrist

ii) Acceptable alternatives

If currently in the care of an occupational therapist, clinical social worker or psychotherapist for the aforementioned condition, that professional may complete the Exam Accommodation Request form.

The documentation should indicate:

- 1) the scope and degree of functional impairment;
- 2) identify strengths that may be used to ameliorate the effects of the disability; and,
- 3) recommend appropriate and reasonable accommodations and services.

IMPORTANT NOTE

When booking the space needed for their spring TPO exam, all chapters should consider the possibility that their members may request additional time or a quiet room and must account for any potential logistical requirements.

If you have any questions or concerns, please do not hesitate to contact the Director of Education at dir-education@organizersincanada.com

Accommodation Request Form

Candidate Information

_____	_____	M	F
First Name	Family Name	Sex	
_____	_____	_____	_____
Date of Birth	Address City, Province	Postal Code	
_____	_____	_____	_____
Home Phone	Work Phone	Company Name	Email

Accommodation Requested for Examination (check all that apply)

- Additional Time
- Large print version of written exam
- Reader
- Supervised Rest periods or breaks
- Translation Dictionary
- Translator/Interpreter
- Use of a quiet space, or a separate room to write exam

Comments

Signature

Date

Documentation of Medical Condition Form

To Whom It May Concern:

Profession Organizers in Canada (POC) requires that participants who are seeking exam accommodations, due to a disabling condition, provide appropriate documentation of their disability/medical condition. We ask that you please complete this form and return it to POC at the above address.

STUDENT CONSENT TO RELEASE INFORMATION:

I, _____ consent that the requested medical/file information be released to Professional Organizers in Canada.

Date: _____ Signature: _____

Medical Information: To be completed by a qualified medical assessor (Please print)

Disability/Medical Condition: _____

How long has the patient been in your care for this medical condition? _____
yy yy mm dd

Please provide a clear statement of the disability/medical condition, including a summary of present concerns:

Describe the functional impact(s) of the participant's disability/medical condition (including medication and side effects) on his/her ability to meet the demands set within an exam environment:

What supports could reduce the impact(s) of the disability/medical condition experienced by the participant within an exam setting?

Name of Certifying Medical Assessor (please print): _____

Signature: _____ **Date:** _____

Occupation of Medical Assessor: _____

Address or Medical Office Stamp: _____

Phone Number: _____

Fax Number: _____

If you have any questions or concerns, please do not hesitate to contact the Director of Education at dir-education@organizersincanada.com

Please Note: This information is collected under the authority of the Freedom of Information and Protection of Privacy Act.

Reader Declaration Form

Candidate Information

First Name	Family Name	M	F
		Sex	
Date of Birth	Address City, Province	Postal Code	
Home Phone	Work Phone	Company Name	Email

Reader Information

First name	Family Name		
Date of Birth	Home Phone	Work Phone	Email
Address	City, Province	Postal Code	

Type of ID Supplied:

- Provincial Driver's License (issued by a Canadian Province or Territory)
- Provincial Identification Card
- Canadian Permanent Residency Card
- Canadian Certificate of Indian Status
- Passport

(Indicate Country of Origin)

Cards/Certificates without an expiry date will not be accepted

Reader Declaration

I solemnly declare that: (all items below must be checked)

- I am not a professional organizer nor do I have practical knowledge in the organizing trade or a related trade.
- I will read aloud the printed question and answer options from the examination booklet for the candidate, providing no additional information or interpretation of any kind to the candidate.
- I will not assist the candidate in any manner to answer questions. I will not provide any prohibited assistance such as performing any calculations, measurements, or marking answer selections on behalf of the candidate.
- I have been a Reader for this exam fewer than two times.
- I will not disclose any information regarding the content of this examination to any party.
- I understand that this individual exam session will be monitored by an invigilator.

Privacy Statement

Professional Organizers in Canada is committed to protecting the privacy of any personal information you may provide when filling an application form with us. P OC Will not use or share any personal information provided by the applicants except with the consent of the individuals to whom the information relates or is otherwise authorized and protection of privacy act.

Certification an authorization for collection, use and disclosure of personal information

"I certify that's the information I have provided it is accurate and I understand and agree that POC reserves the right to verify the accuracy of such information"

Please Note: Reader's must bring the same photo identification identified above to the exam session.

Reader's Signature

Date

Translator Declaration Form

Candidate Information

_____	_____	M	F
First Name	Family Name	Sex	
_____	_____	_____	
Date of Birth	Address City, Province	Postal Code	
_____	_____	_____	_____
Home Phone	Work Phone	Company Name	Email

Translator / Interpreter Information

_____	_____	_____	
First name	Family Name		
_____	_____	_____	_____
Date of Birth	Home Phone	Work Phone	Email
_____	_____	_____	_____
Address	City, Province	Postal Code	
Type of ID Supplied:			
<input type="checkbox"/> Provincial Driver's License (issued by a Canadian Province or Territory)			
<input type="checkbox"/> Provincial Identification Card			
<input type="checkbox"/> Canadian Permanent Residency Card			
<input type="checkbox"/> Canadian Certificate of Indian Status			
<input type="checkbox"/> Passport			
(Indicate Country of Origin)			

Cards/Certificates without an expiry date will not be accepted			

Translator Declaration

I solemnly declare that: (all items below must be checked)

- I am not a professional organizer nor do I have practical knowledge in the organizing trade or a related trade.
- I will provide a direct translation of the printed question and answer options from the examination booklet from English into the French language providing no additional information or interpretation of any kind to the candidate.
- I will not assist the candidate in any manner to answer questions. I will not provide any prohibited assistance such as performing any calculations, measurements, or marking answer selections on behalf of the candidate.
- I have translated/interpreted this exam fewer than two times.
- I will not disclose any information regarding the content of this examination to any party.
- I understand that this individual exam session will be monitored by an invigilator.

Privacy Statement

Professional Organizers in Canada is committed to protecting the privacy of any personal information you may provide when filling an application form with us. P OC Will not use or share any personal information provided by the applicants except with the consent of the individuals to whom the information relates or is otherwise authorized and protection of privacy act.

Certification an authorization for collection, use and disclosure of personal information

"I certify that's the information I have provided it is accurate and I understand and agree that POC reserves the right to verify the accuracy of such information"

Please Note: Translators/Interpreters must bring the same photo identification identified above to the exam session.

Translator / Interpreter's Signature

Date