

Documentation of Disability-related Needs



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

Professional Documentation:

I have known _____ since ____ / ____ / ____
in my capacity as a _____ (Title).

The candidate discussed with me the nature of the examination 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 _____ Date _____

Printed Name _____

Address _____

Phone Number _____ License # (if applicable) _____

If you have questions, call Candidate Services at 833-333-4755.