TESTING ACCOMMODATIONS

In compliance with the provisions of the Americans with Disabilities Act (ADA), NCARB provides testing modifications to applicants with physical or mental impairments that substantially limit major life activities. All U.S. Test Centers must comply with the requirements of the American with Disabilities Act (ADA). Special accommodations can be provided for applicants with physical or mental impairments that substantially limit major life activities. Available accommodations include the modification of examination procedures and the provision of auxiliary aids and services designed to furnish an individual with a disability an equal opportunity to demonstrate his/her knowledge, skills, and ability. Testing accommodations for applicants with disabilities will be made only upon the authorization of TBAE and NCARB. Accommodations must be approved prior to the scheduling of an exam appointment.

A. Procedures for Requesting Accommodations

1. To protect the integrity of the testing process, an Applicant requesting an accommodation must submit documentation regarding the existence of a disability and the reason the requested accommodation is necessary to provide the Applicant with an equal opportunity to exhibit his/her knowledge, skills, and ability through the examination. The Board shall evaluate each request on a case-by-case basis.

2. An Applicant requesting an accommodation must have a licensed health care professional or other qualified evaluator provide certification regarding the disability. This shall include completion of the attached Disability Assessment Form, and/or providing a written report that explains the evaluator’s conclusions in detail. More information on this requirement can be found at 22 Tex. Admin. Code §1.45(e).

3. An Applicant seeking an accommodation must make a request for accommodation to TBAE by completing the attached Testing Accommodations Request Form and provide documentation of the need for accommodation well in advance of the examination date. In addition to the certification provided by the health care professional or qualified evaluator, documentation of the need for accommodation could include:
   a. Proof of past testing accommodations;
   b. Observations by educators;
   c. An applicant’s history of diagnosis;
   d. An applicant’s statement of his or her history regarding testing accommodations; and/or
   e. Any other relevant information that could help to establish the need for accommodation.

4. If the completed request for accommodation is submitted less than sixty (60) days prior to the planned examination date, the Board will attempt to process the request but might not be able to provide the necessary accommodation for the next examination.

5. After the completed request for accommodation and all supporting documentation have been received, TBAE will review the submission. The Americans with Disabilities Act will be used to guide the Board’s consideration of the request. If testing accommodations are acceptable to TBAE, the request and all supporting documentation will be forwarded to NCARB for approval. Any questions or concerns about the request will be discussed at this time and, if necessary, NCARB might request additional information.
6. NCARB will inform TBAE and the applicant of its decision regarding testing accommodations. If testing accommodations are approved by NCARB, the applicant will receive notification and instructions on how to make an appointment. An applicant seeking accommodations should not attempt to schedule any exam appointments until NCARB has provided notification of its decision.

7. If a testing accommodation request is denied by NCARB, and TBAE believes an accommodation should still be granted, NCARB and its testing consultant may arrange that the testing accommodation be set up, within the limitations currently available at the Test Center. However, NCARB may note on the candidate’s NCARB file that he or she tested under non-standard conditions. This might affect future reciprocity and the ability of the candidate to become NCARB certified.

B. Request for testing modifications for religious reasons

Some candidates may, for religious reasons, be unable to provide a photo-ID. In this case, candidates may request a modification of identification procedures to accommodate their needs.

If you would like to request testing accommodations, please complete the attached forms and return (fax, email or mail) to TBAE. If you have any questions, please contact the TBAE Exam Coordinator (512) 305-8527.

Email: exams@tbae.texas.gov

FAX: (512) 305-8900

Mail: T.B.A.E., P.O. Box 12337, Austin, TX 78711
DISABILITY ASSESSMENT FORM

QUESTIONS 1 - 6 ARE TO BE ANSWERED BY AN APPROPRIATE LICENSED HEALTH CARE PROFESSIONAL:

1. Please describe the specific diagnosis of the examinee’s disability, its effect on major life activities, date of diagnosis and the anticipated duration of the impairment.

2. Please describe specific limitations on the examinee’s ability to evaluate written material.

3. Please describe specific limitations on the examinee’s ability to complete graphic sections of the examination by drawing, drafting, and lettering.

4. Please describe specific limitations on the examinee’s ability to complete computerized sections of the examination that requires data entry via keyboard and the manipulation of a mouse.

5. Does the examinee’s disability limit the amount of time the examinee can spend on specific examination tasks? If so, please describe such limitation(s).

6. Please describe how the disability can best be accommodated* without jeopardizing the integrity of the examination. Example: additional time, equipment and/or services (refer to next paragraph).
Past accommodations have included additional testing time (10%, 20%, 30%, etc.), additional breaks (include number and duration of breaks needed), a separate testing room, the use of special equipment (Kensington Trackball Mouse, Headmaster, IntelliKeys keyboard, computer screen with selectable background colors, etc.), and the services of a reader, an amanuensis or recorder, or a sign language interpreter. Other accommodations may be available if necessary.

OPTIONAL QUESTION TO BE ANSWERED BY THE LICENSED HEALTH CARE PROFESSIONAL AND/OR THE EXAMINEE (Please attach additional sheets if needed.):

7. Please provide any additional information necessary to enable the exam provider to understand the examinee’s disability and the type(s) of accommodations necessary to enable the examinee to demonstrate his or her knowledge and ability.

Health Care Professional:

<table>
<thead>
<tr>
<th>Provider’s Name:</th>
<th>Examinee’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider’s Credential/Licensure Type</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>Mailing Address</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Phone:</td>
<td>Email Address</td>
</tr>
<tr>
<td>Date:</td>
<td>Daytime Phone</td>
</tr>
<tr>
<td>Physician’s Signature:</td>
<td>Examinee’s Signature</td>
</tr>
</tbody>
</table>

TESTING ACCOMMODATIONS REQUEST FORM
1. Please describe your disability and how it affects your ability to take the examination. Provide any additional information necessary to enable the exam provider to understand the applicant’s disability and the type(s) of accommodations necessary to enable the applicant to demonstrate his or her knowledge and ability.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2. Accommodations requested:

   _____ Additional Testing Time (_____ %)
   _____ Additional breaks (breaks that do not count outside the testing time)
         Please identify the number of breaks requested ______
         Please identify the requested length of each break, in minutes ______
   _____ Separate Testing Room
   _____ No photo ID for religious reasons
   _____ Other – Please describe in detail the testing accommodation requested.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
3. Please identify the divisions to which the requested testing accommodations should apply:

   _____ All ARE 5.0 Divisions; or
   _____ Practice Management
   _____ Project Management
   _____ Programming & Analysis
   _____ Project Planning & Design
   _____ Project Development & Documents
   _____ Construction & Evaluation

Please print:

_______________________________________  _____________________________________________
Applicant’s Name     Daytime Telephone

_______________________________________  _____________________________________________
Address      City, State, Zip

_______________________________________
E-mail

By my signature, I certify that the information provided in this request, as well as the information I have provided to my health provider, is true and accurate. Furthermore, I authorize the Texas Board of Architectural Examiners to share this information, including the assessment completed by my health provider and all other documentation provided in support of this request, to the National Council of Architect Registration Boards (NCARB).

_______________________________________  _____________________________________________
Signature      Date