



SPECIAL ACCOMMODATIONS REQUEST FORM

If you have a disability covered by the Americans with Disabilities Act (ADA), please complete this form and provide documentation by a licensed professional on letterhead which includes a diagnosis of the disability and specific recommendations for accommodations. The information you provide, and any documentation regarding your disability and special accommodation, will be treated with strict confidentiality and will not be shared with any source, without your express written permission, except for W.I.T.S. and testing administrators.

Please submit forms to: World Instructor Training Schools
1624 Laskin Road, Suite 736, #177
Virginia Beach, VA 23451
Fax: 757.428.3873

APPLICANT CONTACT INFORMATION

Last Name: _____ First Name: _____
Middle Initial: _____ Degree/Credential: _____
Phone: _____ Fax: _____ Email: _____
Personal Address: _____
City: _____ State/Province: _____ ZIP Code: _____

SPECIAL ACCOMMODATIONS

Please provide (check all that apply):

- Accessible testing center
- Extended testing time
- Reader Required for Learning Disability
- Separate testing room
- Magnifier (Large Font)
- Reader Required for Visual Disability

Other: _____

Comments: _____

Signature: _____ Date: ____/____/____