



State of Idaho

Division Of Occupational and Professional Licenses

BRAD LITTLE 11341 W Chinden Blvd.
Governor P.O. Box 83720
RUSSELL BARRON Boise, ID 83720-0063
Administrator (208) 334-3233
dopl.idaho.gov

Guidelines for Requesting Special Accommodations

Documenting a Request for Special Accommodations

The following guidelines will assist you in documenting a need for accommodation based on an impairment that substantially limits one or more major life activities.

To request accommodations, please submit the following:

1. A completed application for Special Accommodations.
2. A detailed, comprehensive written report from a qualified professional describing your disability and its severity and explaining the need for the requested accommodations.
3. The report should:
 - State a **specific diagnosis** of the disability using professionally recognized nomenclature, e.g., American Psychiatric Association Diagnostic and Statistical Manual (DSM-IV-R); International Classification of Diseases (ICD-10).
 - **Be current.** Because the provision of accommodations is based on the current impact of the disability on the specific activity, the evaluation should have been conducted no more than three years prior to the request for accommodations.
 - Clearly describe the **specific diagnostic criteria** and name the diagnostic tests used, including date(s) of evaluation; list specific test results; and provide a detailed interpretation of the **test results** in support of the diagnosis. Be sure to include all **relevant educational, developmental, and medical history**.
 - Give a detailed description of the applicant's **current functional limitations** due to the diagnosed disability and an explanation of how the diagnostic test results relate to the identified functional limitations. **Fully describe how the disability impairs physical, perceptual and/or cognitive functioning.**
 - **Recommend specific accommodations** including assistive devices. Provide a detailed explanation of why these accommodations or devices are needed and how they will reduce the impact of the identified functional limitations on the specific activity for which they are requested.
 - **Report any accommodations** the applicant currently uses in daily functioning, especially professional and work-related activities and any past accommodations the applicant received on related activities because of the disability.



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- Provide contact information and credentials of the professional evaluator that qualify him/her to make the diagnosis, including information about professional license or certification and specialization in the area of the diagnosis. The dated report must be written on the evaluator's letterhead and clearly indicate the name, address, telephone number and qualifications of the professional. The evaluator should present evidence of comprehensive training and direct experience in the diagnosis and treatment of adults in the specific area of disability.
- The documentation should include any **record of prior accommodation** or auxiliary aids, including any information about specific conditions under which the accommodations were used and whether or not they were effective. However, a prior history of accommodation, without demonstration of a current need, does not in and of itself warrant the provision of a similar accommodation.

If no prior accommodations have been provided, the qualified professional expert should include a detailed explanation as to why no accommodations were given in the past and why accommodations are needed now.

Additional Information for Learning and Cognitive Disabilities

1. The evaluation must be conducted by a qualified professional with thorough training in the field of learning disabilities.
 - Testing conducted as part of the comprehensive psychoeducational assessment should be no more than three years old. (See General Guidelines).
 - A development disorder such as a learning disability originates in childhood and therefore, school history and other information which demonstrates a history of impaired functioning should be included. Wherever possible, actual school records, psychological reports and other objective historical information should be provided.
2. Documentation must be comprehensive. The report should include a comprehensive history-taking with relevant background information and appropriate test data to support the diagnosis, including the following:
 - A description of the presenting problem(s);
 - A development history
 - Relevant academic history including results of prior standardized testing, school reports and notable trends in academic performance.
 - Relevant family history, including primary language of the home and current level of fluency in English.
 - Relevant medical and employment history.



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- A differential diagnosis, exploring and ruling out possible alternative or co-existing mood, behavioral, neurological and/or personality disorders which may impact the individual's learning.
- A comprehensive battery of age-appropriate, normed diagnostic tests. It is not acceptable to base a diagnosis on only one or two subtests.
- Objective evidence of a substantial limitation to learning.

Problems such as test anxiety, English as a language (in and of itself), slow reading without an identified underlying cognitive deficit or failure to achieve a desired outcome on a test are not learning disabilities and are not covered under the Americans with Disabilities Act.

Additional Information for Attention Deficit/Hyperactivity Disorder

The evaluation must consist of more than patient observations and self-report. Information from third party sources is critical in the diagnosis of adult ADHD. The evaluation and report should include, but not necessarily be limited to, the following:

- History of presenting attentional symptoms, including evidence of ongoing impulsive/hyperactive or inattentive behavior that has significantly impaired functioning over time.
- Developmental history.
- Family history for presence of ADHD and other educational, learning, physical or psychological difficulties deemed relevant by the examiner.
- Relevant medical and medication history, including the absence of a medical basis for the symptoms being evaluated.
- Relevant psychosocial history and any relevant interventions.
- A thorough academic history of elementary, secondary, and post-secondary education.
- Evidence of impairment in several life settings (home, school, work, etc.) and evidence that the disorder significantly restricts one or more major life activities.
- Relevant employment history.
- Description of current functional limitations that are presumably a direct result of the described problems with attention.
- A discussion of the differential diagnosis, including alternative or co-existing mood, behavioral, neurological and/or personality disorders that may confound the diagnosis of ADHD.



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- Test scores or subtest scores from a neuropsychological or psychoeducational assessment may be helpful in determining the individual's pattern of strengths or weaknesses and in determining whether there are patterns supportive of attention problems. However, test scores alone cannot be used as the sole basis for the diagnostic decision.

The report must include a specific diagnosis of ADHD based on the DSM-IV-TR diagnostic criteria. Individuals who report problems with organization, test anxiety, memory, and concentration only on a situational basis do not fit the diagnostic criteria for ADHD. Given that many individuals benefit from prescribed medications and therapies, a positive response to medication by itself is not supportive of a diagnosis, nor does the use of medication in and of itself either support or negate the need for accommodation.

Because of the challenge of distinguishing ADHD from normal developmental patterns and behaviors of adults, including procrastination, disorganization, distractibility, restlessness, boredom, academic underachievement or test failure, low self-esteem and chronic tardiness or poor attendance, a multifaceted evaluation must address the intensity and frequency of the symptoms and whether these behaviors constitute impairment in a major life activity.

Application for Special Accommodations

Division of Occupational and Professional Licenses

To request special accommodation for a disability covered by the Americans with Disabilities Act of 1990 (ADA):

- 1. Read the Documentation Guidelines carefully.**
 - Share them with the professional who will be preparing your documentation.
- 2. Complete this form in full. Read and sign the Authorization (section F) below.**
- 3. Attach the documentation of your disability and your need for accommodation.**
 - Be sure your documentation includes the information listed in the Documentation Guidelines.
 - Include supporting documentation (i.e., school records, proof of prior testing accommodations, medical records, lab reports, etc.) as necessary to support your request.
 - **INCOMPLETE DOCUMENTATION WILL DELAY PROCESSING OF YOUR REQUEST**



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4. Be sure that:

- All information you submit is typed or printed. Material from evaluators is on official letterhead.
- All documents are in English. You are responsible for providing certified English translations of foreign-language documentation.
- You include documentation of your functional impairment in activities beyond test-taking and training.

5. Send the completed Accommodation Request form, and supporting documentation with your test registration, by the applicable registration deadline to the Division of Occupational and Professional Licenses.

Division of Occupational and Professional Licenses
P.O. Box 83720
Boise, Idaho 83720-0063
ATTN: Test Administration

Note: Applicants for ADA accommodations must comply with the applicable registration deadlines but are encouraged to submit the application and documentation as early as possible.

Section A. Biographical Information

First Name: _____ Last Name: _____ Lic # _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail address: _____

Notification:

I request that the Division of Occupational and Professional Licenses
communicate with me via:

Postal Mail

E-mail



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Section B. Nature of Disability

Indicate the nature of your disability, the year it was first professionally diagnosed, and the date of professional's most recent evaluation. (Select all that apply):

Disability

Vision	Date: _____	Psychological	Date: _____
Physical	Date: _____	Hearing	Date: _____
ADHD	Date: _____	Other (Specify) _____	
Learning	Date: _____		

Section C. Previous Accommodations

Have you previously received special accommodations? Yes No
If yes, provide detail (event, date, and accommodations received):

Have you previously received testing or education accommodations? Yes No
If yes, provide name of school, applicable dates, and accommodations received:



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Have you previously received workplace accommodations? Yes No

If yes, provide the name of employer, applicable dates, and accommodations received.

Section D. Requested Accommodations

Please complete as applicable:

Testing

List each examination for which you are requesting special accommodations?

Name of Exam: _____ Date: _____ Location: _____

Name of Exam: _____ Date: _____ Location: _____

Training

For which Seminar are you requesting special accommodations?

Name of Seminar: _____ Date: _____ Location: _____

Select all that apply.

Additional time (Specify amount: _____)

Trackball mouse

Additional/Extended Breaks (Specify: _____)

Enlarged font

Reader

Other equipment or accommodation

Sign language interpreter

(Please explain: _____)



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Section E. Personal Statement

Please describe how your disability impacts your daily life. (Attach additional pages if necessary.)



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Section F. Authorization

By signing below, I attest that the information I have provided on this application is accurate, true, and correct to the best of my knowledge. I agree to and authorize the release of this information requested to the Division of Occupational and Professional Licenses for use in determining eligibility for the requested special accommodation. I understand that the Division of Occupational and Professional Licenses reserves the right to verify any and all information in my application. Therefore, I understand and agree that my failure to provide accurate, true, and correct information shall constitute grounds for rejection of my request for this special accommodation.

Signature: _____ Date: _____

Your request will be reviewed upon receipt of all relevant materials as described above. You will receive a decision by written notification from the Division of Occupational and Professional Licenses. For reasons of confidentiality, information regarding the granting or denial of special accommodations will not be released by telephone.

If you have any questions, please contact the Test Administrator at the Division of Occupational and Professional Licenses at (208) 334-3950 e-mail customer-service@dopl.idaho.gov, please put CONFIDENTIAL in the subject line when e-mailing.