

MAT Accommodations Request Form

Any individual who has a physical or mental impairment or limitation described as a disability under the Americans with Disabilities Act (ADA) may request special testing arrangements.

To request an examination accommodation because of a disability, print out this form, complete it, and submit it to the test center of your choice with your completed test registration materials. Include with this form documentation on official letterhead from a licensed physician, school official, licensed psychiatrist, licensed psychologist, or other appropriate authority (including title, address, and telephone number). This documentation should identify your disability and your need for the requested accommodations. This documentation should be in the form of a letter, test results, signed school Individual Education Plan (diagnosis and plan), or other official documentation identifying your disability and the accommodations prescribed.

Name: _____ Date: _____
 Last First M.I.

Address: _____

_____ Test Date: _____

Daytime Telephone Number: _____

Description of Disability: _____

Accommodations Requested (Check all that apply):

Taped Exam

Braille Exam

Large Print Exam

Large Print Answer Sheet

Additional Breaks

Additional Time:

Time and a Half

Double Time

Additional Time (please explain) _____

Reader

Writer

Sign Language Interpreter

American Sign Language

Cued Speech

Other _____

Separate Testing Room

Accessible Facilities

Other Equipment or Accommodation (please explain) _____

Accommodations previously provided to you (List accommodations and for what purpose, such as "Sign Language Interpreter for MAT examination"): _____

If you have any questions about your accommodations, please do not hesitate to write or call The Psychological Corporation at 1-800-622-3231 or 210-339-8710.

Source: The Psychological Corporation, 2001 *Miller Analogies Test Candidate Information Booklet*, Appendix B.