



CAEC Accommodations Request Form Physical/Chronic Disability

Accommodations are targeted supports for candidates that are related to a medically diagnosed condition or extenuating circumstances as determined by the jurisdictional CAEC Administrator.

Candidate Name: _____

Phone Number: _____

Province/Territory of Residence: _____ **Email:** _____

Full Address:

Date of Birth: _____

**Testing Centre
Name:** _____

Testing Centre Code: _____

Date: _____

Candidate's Signature: _____

Requested Accommodation:

- ____ Input assistance/Scribe
- ____ Braille
- ____ Line readers
- ____ Reader
- ____ Other (Please complete Reason for Accommodation)

Reason for Other Accommodation: (May require further documentation)

Accommodation Approved:

- ____ Input assistance/Scribe.
- ____ Braille
- ____ Line readers
- ____ Reader
- ____ Other

Testing Centre Administrator Signature: _____ **Date:** _____

Email to: CAEC@gov.nl.ca