



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: _____

Accommodation Approved:

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

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

Email to: CAEC@gov.nl.ca