Accommodations Appeal Form

You may appeal an accommodations decision if any of your requested accommodations were not approved. Complete the information below and sign the release statement at the end of the section.

Appliance requests are generally more effective if they include:

- A specific reason for appeal
- Additional documentation beyond what was included with the original request

Make sure all sections are complete before submitting the form. FSBPT will review your documentation and let you know if any additional information is required.

First Name:_________________________________________________

Last Name:__________________________________________________

Date of Birth:_______________________________________________

Email:_______________________________________________________

ID#_________________________________________________________

Phone Number:_____________________________________________

Candidate’s Signature:________________________________________

Date:_______________________________________________________

SECTION 1: REQUESTING TEST ACCOMMODATIONS: TO BE COMPLETED BY CANDIDATE

Part 1. Please indicate the testing accommodation(s) you are requesting:
Extended Time: Standard Time + 50% (Time and a Half)
Extended Time: Standard Time + 100% (Double Time)
Extended Time: Additional 30 Minutes
Scribe*
Reader*
Separate room
Zoom Text
Screen Magnifier
Other (specify)

*Note: These accommodations are automatically approved with a separate room to prevent distractions to other test-takers. Please note that a scribe and/or reader are only approved in circumstances where the applicant is unable to read or write independently, even with extra time.

Part 2. Please explain your reason(s) for appealing. You may attach an additional sheet if necessary:

_______________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Part 3: Additional supporting documentation: Please include any additional documentation you can provide to support this appeal.
Submit Your Appeal

The most secure method for submitting your confidential accommodations request materials is to fax them directly to FSBPT at 703-739-9421.

Please note that in most cases appeal decisions will be communicated to you within 10 business days of receipt of the form.