

Request for **Special Examination Accommodations**

The Texas State Florists' Association (TSFA) provides reasonable examination accommodations to any qualified applicant with a diagnosed physical, mental or developmental disability. Requests and supporting documentation are confidential.

Submit both pages of this completed form and supporting documentation (i.e., documentation of previous accommodation or recent diagnosis of a disability), by one of the methods listed below, at least 20 days prior to scheduling a certification exam. TSFA will respond within 10 days after receipt. Incomplete requests will be returned.

Texas State Florists' Association Certification Testing P.O. Box 859 Leander, TX 78646 **Email**: tsfaadmin@tsfa.org **Phone**: 512-528-0806

PLEASE DO NOT SCHEDULE AN EXAM UNTIL YOU HAVE RECIEVED APPROVAL OF YOUR ACCOMMODATION REQUEST.

necenmon necessition and the control of the control				
Teacher Name:	Sch	ool:		
Cell Phone:	Ema	nil:		
STUDENT INFORMATION				
Student Name:				
Mailing Address:				
City:	State:	Zip:		
Email:		Phone:		
CERTIFICATION EXAM TYPE:				
EXAM SITE PREFFERED:				
Requested Accommodations: Level 1 and Level 2 In-Person Te	esting			
Extended Time (Usually Time and a Half)		Special Setting or Other		
Separate Examination Roo	om	Physical Accomod	ations	
Other Special Accommodations (Specify:)		
Online Knowledge Based				
Oral Examination	Extended Ti	me Other (Sp	pecify:	
Laffirm that the above information and	l any attachments are true	e and correct. Lunderstand that frame	dulent or falsified information	

I affirm that the above information and any attachments are true and correct. I understand that fraudulent or falsified information could result in denial of this application.

Signature Date Title



Request for Special Examination Accommodations

SUPPORTING DOCUMENTATION

Please include documentation to support your requested accommodation. Supporting documentation may include, but is not limited to:

- 1. Documentation of previous accommodation (e.g., Independent School District accommodation record); and/or
- 2. A recent diagnosis of the disability, including prescribed accommodation parameters. The diagnosis must be conducted by a certified specialist, documented health professional or educational specialist trained in the named disability (e.g., Dyslexia Testing Specialist).

Accommodation previously provided on: (date)	by	
Please summarize any attached documenta	tion of previous ac	ecommodations:	
I recommend the following accommodation	ns for the applicar	at licensing examination:	
Signature	Date	Title	