



Missouri Interpreter Certification System

Reasonable Modification Request Form for Test of English Proficiency (TEP)

To be completed by the applicant and sent to MCDHH, MICS Coordinator, 3216 Emerald Lane, Suite B, Jefferson City, MO 65109

Name of Applicant	Address	City, State, Zip
Telephone Number ()	Email Address	Date of Request

Please identify the disability which affects your ability to take the examination: (Check all that apply)

- Visual Impairment
 Mental or Emotional Impairment
 Other (specify): _____
 Orthopedic (mobility or functional)
 Dyslexia or Learning Challenge

A disability is physical or mental impairment that substantially limits one or more major life activities. Explain how our disability affects your ability to participate in the examination process:

Modification(s) Requested:

- Extended time
 Separate Testing Room
 Other (specify): _____
 Enlarged/Magnified Print
 Audio Recording

Please attach supporting medical or other diagnostic information to this form. Send proof of your disability on letterhead stationery from a medical doctor or other professional, the Department of Assistive and Rehabilitative Services, or a school. The diagnosis must be dated no earlier than three years before the date of this request for reasonable modification. You are not required to give documentation for an obvious disability unless you need to explain how the disability relates to the modification(s) you are requesting.

Signature of Applicant	Date
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Review of Documentation: FOR OFFICE USE ONLY

Staff Reviewing Materials:	Date of Review:	Review Result: _____ Approved _____ Denied
Grounds for Approval/Denial _____ Information meets criteria _____ Information does not meet criteria. (specify)	Necessary action for approval:	