



State of Missouri
Missouri Commission for the Deaf and Hard of Hearing
3216 Emerald Lane, Suite B, Jefferson City, MO 65109
(573) 526 – 5205



REASONABLE MODIFICATION REQUEST FORM FOR TEST OF ENGLISH PROFICIENCY (TEP)

Date of Request:			
I. APPLICANT INFORMATION:			
Name:		Telephone Number:	
Address:		City:	State: Zip Code:
Email:			
II. ACCOMODATIONS:			
Please identify the disability which affects your ability to take the examination: (Check all that apply)			
<input type="checkbox"/> Visual Impairment <input type="checkbox"/> Mental or Emotional Impairment <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Orthopedic (mobility or functional) <input type="checkbox"/> Dyslexia or Learning Challenge _____			
A disability is physical or mental impairment that substantially limits one or more major life activities. Describe how your disability impacts your ability to take part in the examination process:			
Modification(s) Requested:			
<input type="checkbox"/> Extended time <input type="checkbox"/> Separate Testing Room <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Enlarged/Magnified Print <input type="checkbox"/> Audio Recording _____			
III. INSTRUCTIONS:			
Please attach supporting medical or other diagnostic information to this form. Acceptable proof includes: a letter on official letterhead from a medical doctor, licensed professional, the Department of Assistive and Rehabilitative Services, or a school. The diagnosis must be dated within three years of the date of this request. Documentation is not required for an obvious disability unless you need to explain how the disability relates to the requested modifications.			
Return the completed form and required attachments to the following address: MCDHH, Attn: MICS Coordinator, 3216 Emerald Lane, Suite B, Jefferson City, MO 65109.			
Signature of Applicant:			Date:
FOR OFFICE USE ONLY:			
Staff Reviewing Materials:	Date of Review:	Review Result: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Grounds for Approval/Denial: <input type="checkbox"/> Information meets criteria <input type="checkbox"/> Information does not meet criteria (specify):		Necessary action for approval:	