# **CASPer Test Accommodations Request Form**

Last updated: October 2019

Please review the **Altus Assessments Accommodations Policy** for a detailed outline of the CASPer accommodations process. To apply for CASPer test accommodations, applicants are required to complete and submit the following:

- 1. Registration for a CASPer test
- 2. Accommodations Request Form Parts 1 and 2 (downloadable from the Altus Assessments website- <u>www.altusassessments.com</u>)
  - a. Part 1- Candidate Form
  - b. Part 2- Medical Form
- 3. Additional supporting documentation (if applicable)

All required documents should be submitted as soon as reasonably practicable *(minimum three (3) weeks prior to the time of your scheduled CASPer test).* You can submit your documents via 1 of 3 options:

- 1) Email: <a href="mailto:support@takecasper.com">support@takecasper.com</a>
- 2) Fax: 1-416-352-7615
- 3) Secure upload link: You may request a secure upload link for your accommodations documents by emailing <a href="mailto:support@takecasper.com">support@takecasper.com</a>.

Once submitted, a member of our support team will acknowledge receipt of your request within **3 business days**. If necessary, during review you may be asked by an Altus Assessments team member to provide additional documentation. If you do not receive a message within **3 business days** of submitting your request, please contact Altus Assessments via support@takecasper.com

## Understanding the CASPer test: CASPer Test Conditions and Technical Requirements:

- The CASPer test is written online, on a computer with:
  - An updated Chrome or Firefox 7+ browser
  - Stable broadband internet connection
  - A Keyboard
  - Audio Output (Speakers or headphones)
  - A Webcam
- Applicants are encouraged to situate themselves in a quiet environment on their own, with minimal distractions.
- The test itself is a video-based situational judgement test (SJT) composed of 12 sections and open-ended questions. CASPer is designed to measure people skills for high stakes admissions programs like Medical Education.
- The test must be written alone and solely by the person registered for the CASPer test, unless otherwise approved through the accommodations process.
- Applicants are given 5 minutes to answer each test section containing 3 open-ended questions. This 5-minute time cap is a critical aspect of the test and helps to evoke the most authentic response possible from applicants. It is normal for an applicant to feel rushed or short for time during the CASPer test.

## Accommodation Request Form- Part 1(to be completed by the <u>CASPer candidate</u>)

Personal Information		
First Name	Phone Number	
Last Name	E-mail	

Test Information			
Registered Test Name		Registered Test Date/time	
Have you attempted the CASPer test before?	🗅 Yes	If Yes, did you receive accommodations for your	🗅 Yes
	🖬 No	previous CASPer test?	🗅 No

Disability and Testing Accommodations History	
In the past, have you received special testing accommodations for academic studies? (e.g. during your post secondary or highschool	🗅 Yes
studies*)	D No
If yes, please describe briefly (type, frequency etc.):	

\*Please provide evidence of testing accommodations you requested and received from post-secondary institutions and education programs in the past. These documents ought to be included as "Additional Supporting Documentation".

### Waiver: Certification and Authorization (candidate)

The information collected by this form is used primarily for the purposes of assessing eligibility for accommodations. I authorize Altus Assessments to review and distribute the collected information with internal members on an as needed basis.

I, the candidate, acknowledge that I have read and agree with the terms outlined in the policy entitled: CASPer Test Accommodations for Applicants with Disabilities. I certify that all of the information on this form is true and correct. I acknowledge and agree that any information I have submitted or is submitted on my behalf is confidential to Altus Assessments.

I authorize Altus Assessments to contact the entities identified in this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain further information. I authorize such entities and professionals to provide Altus Assessments with all requested further information.

If my request for accommodations is appealed, I understand that the aforementioned information may be distributed to appointed members of the Altus External Review Panel (as outlined in the CASPer Test Accommodations for Applicants with Disabilities Policy) for further deliberation.

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(signature of candidate)

Date: //\_\_\_\_/ (mm/dd/yyyy)

## Accommodation Request Form- Part 2 (to be completed by a <u>Qualified Professional</u>)

Licensed Qualifie	d Professional Informati	on	
Full Name		Designation	
Name of Professional Organization		Street address	
City		Province	
Postal Code		Country	

Disability Information	
Date of your last treatment or consultation with the candidate	(dd/mm/yyyy)
Please provide an explanation of the functional limitations of th	e candidate as they relate to the CASPer test

### **Recommended Accommodations**

Based on your knowledge of the candidate's disability, which of the following accommodations do you recommend? (select all that apply)

- Additional time
  - Please indicate amount recommended by a qualified professional (0.25x, 0.5x etc.): \_\_\_\_\_
- Closed captioned videos
- **Typing assistance (scribe)**
- Assistive software or personnel (scribe, reader etc.)
- □ Other (please provide details below)

Please provide your rationale for the recommended accommodations along with any other pertinent details (including the amount of extra time, if applicable):

Note: The accommodations should not modify the nature and level of the qualification assessed.

\*\*As indicated above, the CASPer test is time constrained and evaluates the candidate's ability to manage time and think under pressure. As a result, it is not unusual for applicants to receive no additional or less time than they were previously granted.\*\*

### Waiver: Certification and Authorization (qualified professional)

I certify that the information provided by me on this form and any attachments hereto is true and correct to the best of my knowledge.

(License/Certification Number)

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(signature of qualified professional)

Date: / / / (mm/dd/yyyy)

## Additional Supporting Documentation (if applicable)

In order for Altus Assessments to verify your current functional impairment, additional supporting documentation may be helpful or necessary. Examples of additional supporting documentation include (but are not restricted to):

- Documentation of previous accommodations requested and granted
- □ A detailed personal statement describing the disability or accessibility requirement
- Additional medical and/or psychological or psychoeducational evaluations (not required)
- □ Supplementary documentation from additional qualified professionals

\*The above are *examples* of additional supporting documentation to help Altus Assessments process your request for accommodations. Please note, the submission of these documents is *optional* and at the discretion of the applicant.