



Wisconsin Department of Agriculture, Trade and Consumer Protection
Veterinary Examining Board
 2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911
 Phone: (608) 224-4353

MODIFICATION OF EXAMINATIONS FOR PERSONS WITH DISABILITIES

The Wisconsin Department of Agriculture, Trade and Consumer Protection provides reasonable and appropriate modifications for examinees with documented disabilities. Exam modifications are adjustments to the testing activity for an individual with a disability in order to ease the effect of the disability on the testing process. Modifications will be made on an individual basis and depend on the nature and extent of the disability, documentation provided, and the requirements of the examination. The Department will provide qualified examinees who have documented disabilities with appropriate auxiliary aids and services that do not fundamentally alter the measurement of the skills or knowledge the examination is intended to measure and that would not result in an undue burden to the state.

DOCUMENTATION REQUIRED

Applicants requesting reasonable modifications because of disabilities must provide appropriate documentation of the disability and specify the extent to which the standard testing procedures need to be modified.

The following documentation should be submitted to support a request for modifications:

1. A completed Disability Modification Request Form for Examinations.
2. A completed Professional Verification Form, or detailed report from a qualified professional appropriate for evaluating the disability describing the applicant's condition and its severity. Given that the manifestations of a disability may vary over time, the evaluation should be no more than five years old. The documentation should include:
 - A specific diagnosis;
 - Specific findings in support of the diagnosis (relevant history, tests administered, test results and interpretation of those test results);
 - A description of the individual's functional limitations due to the stated disabilities;
 - Specific recommendations for test modifications including an explanation of why the modifications are needed;
 - Applicant's signed permission on Professional Verification Form authorizing exam staff to contact the professional expert.
3. Documentation of history of prior modifications provided by schools or other test providers.
4. If no prior modifications have been provided for examinations, the qualified expert should include a detailed explanation as to why no modifications were given in the past and why

modifications are needed now.

MENTAL DISORDERS/DISABILITIES

Applicants claiming mental or psychological disorders or disabilities should provide clinical documentation appropriate to the diagnosis. The diagnosis should identify a specific disability, including the DSM IV classification and codes.

For those applicants claiming a learning disability, documentation should be provided by a diagnostician with formal training in written and oral language and should consist of:

- Relevant psychoeducational testing
- An educational history
- A demonstrated impact on academic functioning

Since learning disabilities are most commonly manifested during childhood, historical information of learning difficulties in elementary, secondary and post-secondary education is usually available, as well as records of previous classroom and/or test modifications. Therefore, as much historical information as possible, including any previous psychoeducational testing, should be included in the request for modification.

The diagnostic information provided should include scores on individually administered measures of cognitive ability, academic achievement and information processing such as the Wechsler Adult Intelligence Scale (WAIS-R), the Woodcock-Johnson Psychoeducational Battery - Revised and the Detroit Tests of Learning Aptitude (DTLA-A). In addition, recognized tests of reading-related processes including comprehension and word attack, as well as measures of language, memory, attention and concentration, and auditory and perceptual functioning should be included to determine if there are any deficits in the information processing systems undergirding the learning process.

TYPES OF MODIFICATIONS

Test modifications include but are not limited to the following:

- Assistance in completing answer sheets (scribe/writer)
- Audio tape
- Extended testing time
- Extra or extended breaks (without extended testing time for the examination)
- Individual testing room (for those whose disability necessitates separation from all other examinees)
- Large print examination
- Printed copy of verbal instructions read by the proctor
- Reader

Other modifications will be considered upon request.

TIMEFRAME

A completed Disability Modification Request Form for Examinations must be submitted by the standard registration deadline to be assured of consideration for the next examination. To accelerate

the review process, applicants are urged to submit their request and supporting documentation as early in the application process as possible.

If there is a need for further verification of the disability from the applicant or the professional verifying the disability, or if there is need for further verification regarding the need for modification of the examination, it is possible that the decision on granting the modification will be delayed.

After the Department has received a request, it will be considered and a decision made on a case by case basis. An applicant can expect to receive written notification of the Department's decision. A Modification Agreement will be drawn up which states the modification arrangements that can be expected. Applicants will be asked to approve the agreement or call the Department suggesting any changes that need to be made. Finally, applicants will be asked to sign one copy of the agreement and return it to the Department, and bring another copy of the agreement to present to the proctor on the day of the examination.

COST

The Wisconsin Department of Agriculture, Trade and Consumer Protection will not pay costs that a candidate may incur in obtaining the required documentation to support a request for testing modifications; however, it will pay for any reasonable modifications that are made which allow the candidate to participate in the examination.

DEPARTMENT CONTACT

If you have any questions regarding your modification, please call the Veterinary Examining Board at (608) 224-4353 or via email at datcpVEB@wi.gov.

Please send your completed Disability Modification Request Form and Professional Verification Form and supporting documentation in an envelope marked 'confidential' to the following address:

Wisconsin Department of Agriculture, Trade and Consumer Protection
Veterinary Examining Board
2811 Agriculture Drive, PO Box 8911
Madison, WI 53708-8911

DISABILITY MODIFICATION REQUEST FORM FOR EXAMINATIONS

This request form should be submitted by the final published application deadline date. Requests must be supported by documentation certifying the disability from a qualified professional appropriate for evaluating the disability. Review of a request for test modification will be deferred until the necessary documentation is submitted.

The information obtained on this form will be treated as a medical record except that exam proctors and exam providers may be informed regarding necessary modifications to exam procedures, and first aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment. This request form may also be reviewed by staff at the American Association of Veterinary State Boards (AAVSB).

Date of Request: _____

Candidate Name: _____

Year of Birth: _____

Address: _____

City, State, Zip: _____

Email Address: _____ Telephone Number: _____

Credential Applied for: _____

Exam Type (multiple choice, essay, oral, practical): _____

Exam Name: _____

Exam Date and Time(s): _____

Exam Location: _____

Please respond to the following questions. Attach additional sheets if needed.

1. What is the nature of your disability?

- ☐ Chronic Health Problem
- ☐ Hearing disability
- ☐ Learning Disability
- ☐ Physical Disability
- ☐ Temporary Accidental Injury
- ☐ Visual Disability
- ☐ Other _____

Wisconsin Department of Agriculture, Trade and Consumer Protection

2. How does your disability impair your ability to accurately exhibit your knowledge and skill level on the credentialing examination?

3. What modification are you requesting (please be specific)?

NOTE: Exam modifications must be appropriate to the disability. If the requested modification involves modifying the examination administration, such as additional time to complete the exam or a reader or scribe/writer, please obtain the professional verification on the following pages. If the request is limited to wheelchair space, or sitting in the front of the exam room, for instance, professional verification is not required.

HISTORY:

4. When was your disability first diagnosed by a professional?

5. What modifications have you received when taking previous examinations, such as school achievement tests, or licensing examinations in other states? Provide records from your most recent school or other test provider showing modifications received, dates of tests with accommodations, and the reasons the testing accommodations were granted.

PROFESSIONAL VERIFICATION FORM

Professional verification is NOT to be completed by the applicant

Questions regarding completion of this form or about the agency's policy for exam accommodations may be sent to the Veterinary Examining Board, (608) 224-4353, or via email at datcpVEB@wi.gov.

_____/_____, a candidate for
(Name) (Date of Birth)
examination by the Veterinary Examining Board has made a request for modification of examination based on a disability of the applicant.
professional opinion concerning the disability and the modification requested. Please answer the questions below and sign the certification. The opinion you provide will be used in evaluating the request.

The information obtained on this form will be treated as a medical record except that exam proctors and exam providers may be informed regarding necessary modifications to exam procedures, and first aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Please respond to the following questions regarding the above mentioned individual. Use additional sheets where necessary. Previously prepared diagnostic reports may be submitted if all questions below are answered by the report, and the report is less than 5 years old.

1. What is the specific diagnosis of the disability? _____

2. On what date did you make this diagnosis? _____
3. When did you last evaluate or treat the candidate? _____
4. What are the specific findings which support the diagnosis; i.e., relevant history, tests administered, test results and interpretation of those test results? (Attach pages if needed)

5. What are the individual's functional limitations due to the stated disabilities?

Wisconsin Department of Agriculture, Trade and Consumer Protection

6. What are your specific recommendations for test modifications? Please include a detailed explanation of why the modifications are needed by this candidate.

7. Please describe your qualifications/credentials and professional relationship with this candidate which qualifies you to provide these recommendations for testing.

I certify that I have the necessary specialized training to make the above diagnosis, that I personally examined the candidate named above, and that the diagnosis and assessment of modification request described above is my professional judgment. I understand that the department may contact me (with the candidate's permission) to obtain further information if necessary, and that the department may obtain an independent assessment by a second professional.

Signature of Professional

Name of Institution or Practice

Typed or Printed Name of Professional

Title

Street Address

City, State, ZIP Code

Telephone Number (include area code)

Date

CANDIDATE: I give the Veterinary Examining Board permission to contact the above professional to discuss the findings of this report.

Signature of Candidate

Date