

Confirmation of prior accommodations review form

Purpose

This form is part of an expedited process for reviewing accommodation requests specifically of test takers who previously received 50% additional time and/or additional rest break accommodations. The professional completing this form will help determine the appropriateness of the requested accommodations and ensure that the test taker receives the necessary support for the GMAT™ exam.

This form is designed to be completed by one of the following, who has previously provided or reviewed relevant documentation for a test taker:

- A licensed medical professional
- A qualified professional at the test candidate's school or place of employment who is familiar with their disability status.
- A representative of a local vocational rehabilitation office.

By completing this form, you are confirming that you have reviewed the test taker's medical or disability documentation and that your recommendation of one or more of the accommodations below is based on your professional judgment:

- 50% additional time and/or
- Additional rest break

Test taker information

(Completed by Test Taker)

Full Name of Test Taker:

Date of Birth: GMAT ID:

Professional/disability services provider information

(Completed by Professional)

Name of Professional/Provider:

Title/Qualification:

Institution/Organization:

License/Certification Number (if applicable):

Phone Number: Email Address:

Accommodation(s) recommended

Please check the accommodation(s) being recommended for the test taker:

- ☐ 50% additional time ☐ Additional rest break

Disability or medical condition

Describe the disability or medical condition that necessitates the requested accommodation(s):

Documentation review

1. Date of most recent evaluation or assessment:

2. Type of documentation (e.g., medical report, psychological evaluation, disability documentation from educational setting, etc.):

3. What specific tests, assessments, or evaluations were used to determine the test taker's condition?

4. How does the test taker's disability or condition substantially limit their ability to perform under standard testing conditions?

5. Please list accommodations that the test taker has received in other testing contexts (e.g., high school, 504 plan, IEP, college/university, GRE, SAT, ACT).

Rationale for recommended accommodations

Please provide an explanation of why the requested accommodations are necessary for the test taker, based on your review of their documentation and condition.

Professional/provider certification

By signing below, I certify and declare that the information provided in this form is true, complete, accurate, and to the best of my knowledge and belief, including that:

- I am a qualified professional as described herein;
- The information reflects my professional assessment of the test taker's needs; and
- I understand that knowingly providing false, misleading, or incomplete information may result in the denial of test taker accommodations and/or may subject me to legal consequences, including, but not limited to, penalty of perjury where applicable.

I understand that this form is being used to facilitate an expedited review of the test taker's accommodation request. GMAC may also request a copy of any referenced documentation or other documentation from the test taker as needed.

Professional/provider signature:

Date: