

### Acuity Insights Accommodations Request Form

Last updated: March 2023

Applicants with a disability, functional limitation, or temporary medical condition may apply for testing accommodations to complete their Acuity Insights Assessments.

Applicants are required to first create their Acuity Insights account and reserve their Casper test prior to submitting their request for accommodations. If for any reason they are unable to reserve their Casper test, applicants are asked to inform the Acuity Insights Team of their intended Casper test date when submitting all required documentation.

For a detailed outline of the Acuity Insights Accommodations Policy, please refer to [this document](#).

#### Initial Accommodations Requests

If applying for accommodations for the first time, applicants are required to complete and submit the following:

- This Accommodations Request Form:
  - Part 1 - To be completed by the applicant
  - Part 2 - To be completed by a qualified professional
- If required, additional supporting documentation, such as evidence of previous accommodations or previous medical evaluations

All required documents must be submitted as soon as reasonably practicable (**at least four (4) weeks prior to the time of an applicant's scheduled or intended Casper test**).\* Applicants may submit their documents through one of the following methods:

- Email: [support@acuityinsights.app](mailto:support@acuityinsights.app)
- Secure upload link: Applicants may request a secure upload link for their accommodations documents by emailing [support@acuityinsights.app](mailto:support@acuityinsights.app) or reaching out through the chat bubble in their [Acuity Insights account](#) / [acuityinsights.app](https://acuityinsights.app)

*\*Please note that exceptions to the 4-week submission timeline and document requirements may be made in extreme circumstances (e.g., the second iteration of the Canadian Resident Matching Service (CaRMS) Casper test or medical emergencies). Applicants should contact the Acuity Insights Team with their completed Accommodations Request Form as soon as possible to inquire if an exception can be made.*

Once submitted, a member of the Acuity Insights Team will acknowledge receipt of the request within **one (1) business day**. If an applicant does not receive such a message within **five (5) business days** of submitting their request, they are asked to contact the Acuity Insights Team via [support@acuityinsights.app](mailto:support@acuityinsights.app).

To verify your current functional impairment, additional supporting documentation may be helpful or necessary. All supporting documentation pertaining to the accommodations request must be **current**, which in most cases means **within the last five (5) years**.

Examples of additional supporting documentation include but are not limited to:

- Documentation of previous accommodations granted at an educational institution or previous work environment
- Medical, psychological, and/or psychoeducational evaluations
- Supplementary documentation from additional qualified professionals

The above are examples of additional supporting documentation to help Acuity Insights process your request for accommodations. Please note that the submission of supporting documents is *optional* and at the discretion of the applicant unless otherwise required by the Acuity Insights Team to process an applicant's request.

### Subsequent Accommodations Requests

If an applicant was previously approved for accommodations by the Acuity Insights Team, they should refer to the validity period of their approved accommodations stated in their accommodations approval letter as it may not be necessary to submit another Accommodations Request Form.

Acuity Insights recognizes that some conditions are chronic and/or lifelong, and are unlikely to substantially change in as few as five (5) years. As such, applicants with a future Acuity Insights Assessments reservation that falls outside of their accommodations validity period and would like to continue to receive the **same** accommodations as were previously granted by the Acuity Insights Team may submit an [Extension Request Form](#). Please refer to Section 5.2 of the [Acuity Insights Accommodations Policy](#) for additional details.

If an applicant receives new and substantial information related to their disability or experiences a worsening of their condition, they may wish to submit a new Accommodations Request Form to have their previously approved accommodations revised. Applicants should indicate on their new request form that they are requesting an amendment.

Please note that the request must demonstrate sufficient evidence that the applicant needs the additional or augmented measures. Receiving a lower-than-expected score on a previously completed component of Acuity Insights Assessments will not be considered sufficient evidence that previously approved accommodation measures should be amended. Please refer to Section 5.3 of the [Acuity Insights Accommodations Policy](#) for additional details.

# Accommodations Request Form - Part 1

To be completed by the applicant.

Personal Information			
First Name		Last Name	
Date of Birth		E-mail	
<b>Please ensure that the information provided matches the details provided in your Acuity Insights account.</b>			

Disability/Condition Information and Testing Accommodations History	
Were you previously approved for accommodations by the Acuity Insights Team within the last 5 years?	<input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>
If yes, please indicate the date of your Acuity Insights Accommodations Approval Letter.	Date: _____
If seeking an amendment to previously approved measures, is it for an existing or newly diagnosed disability/condition?	<input type="checkbox"/> Existing <span style="margin-left: 100px;"><input type="checkbox"/> New</span>
Please state your disability or condition and briefly describe how it affects your academic performance:	
In the past, have you received accommodations for academic studies? (e.g., during your post-secondary studies)*	<input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>
If yes, please briefly describe the accommodations received (type, frequency, etc.):	
<b>*Please be prepared to provide evidence of testing accommodations you received from academic institutions and educational programs in the past if requested by the Acuity Insights Team.</b>	

**Waiver: Certification and Authorization (Applicant)**

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

I, the applicant, acknowledge that I have read and agree with the terms outlined in the policy entitled: Acuity Insights Accommodations Policy. 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 has been submitted on my behalf is confidential to Acuity Insights.

I authorize Acuity Insights 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 Acuity Insights with all requested information.

Should I decide to request a review and/or an appeal, I understand that the aforementioned information may be distributed to additional members of the Acuity Insights Team and/or members of a review panel (as outlined in Section 7.2 of the Acuity Insights Accommodations Policy) for further deliberation.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

## Accommodations Request Form - Part 2

To be completed by a qualified professional.

Licensed Qualified Professional Information			
Full Name		Designation/ Certification	
Professional Organization		Street Address	
City		Province/State	
Postal/ Zip Code		Country	
Phone Number		Email	

### Understanding the Casper Test

Casper is a situational judgment test (SJT) taken online, on a desktop or laptop computer. Acuity Insights does not use testing centers to administer the Casper test; applicants can take the online Casper test at a location of their choosing. However, applicants are encouraged to situate themselves in a quiet environment with minimal distractions.

The Casper test must be taken alone and solely by the person registered for the assessment unless otherwise approved through the accommodations request process.

As of the 2023-2024 admission cycle, the standard Casper test is composed of 14 sections (6 video response sections and 8 typed response sections):

- Each section contains either a word-based or video-based scenario followed by a 30-second reflection period, and then a set of open-ended questions to which the applicant must respond in the designated format.
- Each video response section contains 2 open-ended questions, and each typed response section contains 3 open-ended questions.
- In video response sections, applicants are given 1 minute to record a response to each question.\*
- In typed response sections, applicants are given 5 minutes total to answer all 3 questions.\*

Casper typically takes between 90-110 minutes to complete, with two optional breaks:

- An optional 10-minute break after the video response section
- An optional 5-minute break after the first 5 scenarios in the typed response section

For further Casper format clarification, please refer to [this article](#).

**\*These time limits are a critical aspect of the test and help evoke the most authentic response possible. It is normal for an applicant to feel rushed or short on time during the Casper test.**

## Understanding the Available Accommodations for the Casper Test

The most common accommodations that may be approved for use on Acuity Insights Assessments are:

- Additional time to complete an assessment
- Assistive software:
  - Speech-to-Text (dictation) software
  - Text-to-Speech (reader) software
- Assistive personnel:
  - Scribe
  - Reader

Additional time is calculated based on a time multiplier. For example, if an applicant is approved for 1.5x time, they would be provided with 7.5 minutes for each typed section's response page instead of 5 minutes.

Depending on the nature of the applicant's disability or condition, it may only be necessary for applicants to receive additional time on either the video response section, the typed response section, or both.

Applicants may not accumulate their additional time to use at the end of their test for the purpose of reviewing previously completed sections. Regardless of accommodation status, applicants are not permitted to return to a previous page of the test once completed.

Acuity Insights recognizes that applicants may require accommodations that fall outside of the above-mentioned measures. We will work with applicants to provide the most appropriate measures within the technical limitations of Acuity Insights Assessments.

Please note that requests for certain measures are not necessary or permitted. These include but are not limited to:

- **Separate testing environments**, as the test is completed online and in a place of the applicant's choosing
- **Closed captioning**, which is standard on all videos presented on any component of Acuity Insights Assessments
- **Spelling and grammar correction software**, as Casper Raters are instructed to disregard spelling and grammatical errors
- **Calculators or other numerical assistive technology**, as there are no mathematical questions on the test
- **Accommodations due to slow typing speed** unless otherwise related to a specific disability or condition

For a detailed outline of the Acuity Insights Accommodations Policy, please refer to [this document](#).

## Disability/Condition Questionnaire

Complete this brief questionnaire based on your knowledge of the applicant's disability/condition.

**Please note that levels of proficiency should be in comparison to an applicant's peers of a similar educational level (i.e., holds a high school or university diploma).**

### Reading Skills

Does the applicant experience any challenges with the following areas of reading? Select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Adding letters           | <input type="checkbox"/> Omitting letters |
| <input type="checkbox"/> Confusing similar words  | <input type="checkbox"/> Skipping lines   |
| <input type="checkbox"/> Reversing letters/digits | <input type="checkbox"/> Not applicable   |

Does the applicant have difficulty with reading comprehension?

- Yes  No

What is the applicant's reading rate?

- Fast  Medium  Slow

### Auditory and Visual Skills

Does the applicant have difficulty with processing auditory information?

- Yes  No

Does the applicant rely on a hearing device?

- Yes  No

Does the applicant have difficulty processing visual information? (i.e., images or videos)

- Yes  No

### Verbal Skills

Does the applicant have difficulty with verbal expression?

- Yes  No

Does the applicant rely on nonverbal means of communication?

- Yes  No

### Writing Skills

Does the applicant have difficulty with written expression (typed or otherwise)?

- Yes  No

Does the applicant have difficulty with dexterity?

- Yes  No

### Other

Does the applicant experience chronic pain or discomfort?

- Yes  No

Does the applicant have difficulty remaining seated for long periods of time?

- Yes  No

Does the applicant have difficulty with sustained focus?

- Yes  No

Does the applicant experience considerable anxiety in test settings?

- Yes  No

<b>Disability/Condition Information</b>	
What is the name of the applicant?	Name: _____
What was the last date of treatment or consultation with the applicant?	Date: _____
Is this a new request for accommodations or an amendment to previously approved accommodations measures?	<input type="checkbox"/> New <input type="checkbox"/> Amendment
If an amendment request, did you complete the original Accommodations Request Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant's disability or condition permanent or temporary?	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
If temporary, what is the anticipated date of recovery?	Date: _____
Is the applicant's disability or condition chronic (ongoing symptoms) or acute (episodic with periods of remission)?	<input type="checkbox"/> Chronic <input type="checkbox"/> Acute
Please provide an explanation of the functional limitations of the applicant as they relate to the Casper test:	



## Recommended Accommodations

Based on your knowledge of the applicant's disability or condition and the information presented in this form, please provide your recommendation for accommodation measures.

**Please note the Casper test is time constrained and evaluates the applicant's ability to manage time and think under pressure. Therefore, the recommended accommodations should not modify the nature and level of the qualifications being assessed.**

Does the applicant require additional time?

Yes

No

If yes, please indicate the specific time multiplier.

Multiplier (e.g., 1.25x, 1.5x, 2x, etc.): \_\_\_\_\_

If yes, for which section(s) of the Casper test is it required? Select all that apply.

Video Response Section

Typed Response Section

Does the applicant require assistive software? Select all that apply.

Speech-to-Text

Text-to-Speech

Does the applicant require assistive personnel? Select all that apply.

Scribe

Reader

Does the applicant require any additional accommodation measures not listed? If yes, please describe below.

Yes

No

Please provide your rationale for the recommended accommodations measures (new or augmented) along with any other pertinent details:

**Waiver: Certification and Authorization (Qualified Professional)**

I, the qualified professional, 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

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature