



### **CONFIDENTIAL**

Information shared will be kept confidential.  
If you are unable to complete this form on your own, someone may complete it on your behalf.

## **REQUEST FOR ACCOMMODATION FORM**

**Please complete this form in its entirety and submit to our Accessibility Manager: [info@smartserve.ca](mailto:info@smartserve.ca) or by fax 416-695-0684. Please allow two (2) business days for review. If you have any questions you can call 416-695-8737.**

If you have a need to request accommodation for the online Final Test for a disability or other protected ground under the [Ontario Human Rights Code](#), please complete and return this form **prior** to launching the Final Test. "Accommodation" can refer to any adjustment made to the online testing conditions that helps participant overcome the impact of a physical or mental condition/disorder or other protected ground, on their ability to complete the online Final Test. If you are considering making a request for accommodation, here are a few things you should know:

- Your request for accommodation must be based on a professionally recognized diagnosis of a disability, impairment, condition, disorder, or any other ground listed in the [Ontario Human Rights Code](#). Your accommodation request form must include documentation in support of your request. For example, if you are requesting accommodation due to disability, please provide supporting documentation from a healthcare professional qualified to diagnose and treat the disability and include recommended online testing accommodations for you. Smart Serve Ontario reserves the right to request additional information to confirm your request for accommodation and the scope of the accommodation.
- The reason you're asking for accommodation must be something that would have a clear impact on your ability to complete the online Final Test. In other words, you must show how your condition/disability/protected ground would interfere with your ability to complete the online test, and how the form of accommodation that you are requesting would address that.
- The reason you're asking for accommodation must be current.
- Your request for accommodation must ensure the integrity of the online Final Test remains intact.

<b>Your Full Name:</b>	
<b>Smart Serve Registered Online Account Email:</b>	<b>Phone Number:</b>

**1. Basis of Accommodation sought** (*Check all that apply*)

- Disability                      Sex / Pregnancy                      Creed (religion)                      Ethnic Origin
- Place of Origin                      Other ground: \_\_\_\_\_

**2. How does the testing process restrict, limit or otherwise affect your ability to undertake or complete the online Final Test?** (*You are not required to disclose a diagnosis.*)

**3. Requested Accommodations** (*Check all that apply*):

***Additional Time*** (*There is no time restriction for the Final Test*)

**Support person to assist with reading and/or re-phrasing**

**Rest breaks**

**Translator** (*Includes but not limited to friend/family member translating due to a language barrier*)

**Other – Please explain:**

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**4. If you are not sure of what accommodation is needed, do you have any suggestions about what options we can explore with you?**

**5. Provide any other information that can help Smart Serve Ontario evaluate the request for accommodation.** *(Please provide all supporting documents when submitting)*

By signing below, I understand that all information obtained during this process will be collected, used and retained in accordance Smart Serve Ontario's [Privacy Policy](#) and [Accessibility Policy](#). I further understand that I will be required to provide appropriate documentation to support my request for accommodation to enable Smart Serve Ontario to confirm the validity of the request and to consider and implement reasonable accommodation.

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

If you had assistance completing this form, please provide the name of that person:

Full Name: \_\_\_\_\_