

Acuity Insights Accommodations Request Form

Last updated: July 2025

Applicants with a disability, functional limitation, or temporary medical condition may apply for testing accommodations to complete their admissions 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 <u>four (4)</u> <u>weeks</u> <u>prior to the time of an applicant's scheduled or intended Casper test).* Applicants may submit their documents through one of the following methods:</u>

- Email: accommodations@acuityinsights.com
- Secure upload link: Applicants may request a secure upload link for their accommodations documents by emailing <u>accommodations@acuityinsights.com</u>

*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 generally 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 accommodations@acuityinsights.com.

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 admissions 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 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 Casper test will not be considered sufficient evidence that previously approved accommodation measures should be amended. Please refer to Section 5.3 of the Accommodations Policy for additional details.

Accommodations Request Form - Part 1 To be completed by the applicant.

Personal Information					
First Name		Last Na	me		
Date of Birth		E-mail			
Please ensure t	hat the information provided matches	the detai	ls provid	ded in your Acuit	y Insights account.
Di -	Prince Information and Tooting	•		41 111a4am.	
-	ndition Information and Testing		nmoda	tions History	
Were you previou Insights Team wi	usly approved for accommodations by the ithin the last 5 years?	e Acuity	□ Yes	5	□ No
	dicate the date of your Acuity Insights s Approval Letter.		Date:		
If seeking an amfor an existing or	endment to previously approved measure newly diagnosed disability/condition?	es, is it	□ Existing □ New		
Please state you	r disability or condition and briefly describ	e how it a	affects yo	our academic perfo	ormance:
In the past, have you received accommodations for academic studies? (e.g., during your post-secondary studies)*		mic	□Yes	5	□ No
If yes, please brid	efly describe the accommodations receive	ed (type,	frequenc	y, etc.):	
*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.					

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 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.

Х		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 2025-2026 admission cycle, the standard Casper test is composed of 11 sections (4 video response sections and 7 typed response sections):

- Video Response Section
 - Each of the 4 video response scenarios contains 2 questions presented one at a time.
 - You will have 1 minute per question to record your video responses.
- Typed Response Section
 - Each of the 7 typed response scenarios contains 2 questions shown at once.
 - You will have 3.5 minutes to type your answers to each set of 2 questions.

Casper typically takes between 65–85 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 4 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.

<u>Understanding the Available Accommodations for the Casper Test</u>

The most common accommodations that may be approved for use on our admissions 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 2x time, they would be provided with 7 minutes for each typed section's response page instead of 3.5 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 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 the admissions 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 of our admissions 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 (e.g, holds a high school or university diploma).			
Reading Skills			
Does the applicant experience any challenges with the following areas of reading? Select all	☐ Adding letters		☐ Omitting letters
that apply.	☐ Confusing similar words.		☐ Skipping lines
	☐ Reversing letters/digits		☐ 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?	of		□ 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

Disability/Condition Information	
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?	□ New □ Amendment
If an amendment request, did you complete the original Accommodations Request Form?	□ Yes □ No
Is the applicant's disability or condition permanent or temporary?	☐ Permanent ☐ 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)?	☐ Chronic ☐ Acute
Please provide an explanation of the functional limitations of the functional limitation limitations of the functional limitation lim	

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 recommendany other pertinent details:	ded accommodations measures (ne	ew or augmented) along with		

Waiver: Certification and Authorization (Quali	fied Professional)
I, the qualified professional, certify that the information provide true and correct to the best of my knowledge.	ded by me on this form and any attachments hereto is
License/Certification Number	
XSignature	_ Date: