

Video Interviews 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 prior to submitting their request for accommodations.

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 two (2) weeks prior to the time of an applicant's scheduled or intended test date**).* Applicants may submit their documents through one of the following methods:

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

**Please note that exceptions to the 2-week submission timeline and document requirements may be made in extreme circumstances (e.g. 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 [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 test 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	
Please ensure that the information provided matches the details provided in your Acuity Insights account.			

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 <input type="checkbox"/> No
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 <input type="checkbox"/> New
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 <input type="checkbox"/> No
If yes, please briefly describe the accommodations received (type, frequency, 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.

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 Video Interviews

Video Interviews are virtual interviews conducted remotely rather than in-person that can be done asynchronously on your own or synchronously with a live interviewer.

The format of Video Interviews may differ depending on how each program has set up its Video Interview. This information may be provided by programs' admission teams.

Available Accommodations for Video Interviews

Accommodations that may be approved for use on Video Interviews include:

- Additional time
- Assistive software
 - Text-to-speech (screen reader) software
- Assistive personnel
 - Reader

Additional time is calculated based on a time multiplier recommended by your qualified professional (e.g., 1.25x, 1.5x, 2x). *Example: If the program sets a standard response time of 1 minute and you are approved for 2x extra time, your response time will be extended to 2 minutes.*

Applicants may not accumulate additional time at the end for the purpose of reviewing previously completed sections. Regardless of accommodation status, applicants are not permitted to return to a previous part of the assessment 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:** The assessment is completed online in a place of the applicant's choosing, making separate testing centres unnecessary.

- **Closed Captioning:** This feature is standard and available to be turned on for all video content presented on the assessment.
- **Calculators or other numerical assistive technology:** There are no mathematical questions on the assessment.

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.	
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	
Do they 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
Do they have difficulty with reading comprehension?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is their reading rate?	<input type="checkbox"/> Fast <input type="checkbox"/> Medium <input type="checkbox"/> Slow
Auditory and Visual Skills	
Do they have difficulty with processing auditory information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they rely on a hearing device?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they have difficulty processing visual information? (i.e., images or videos)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verbal Skills	
Do they have difficulty with verbal expression?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they rely on nonverbal means of communication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	
Do they experience chronic pain or discomfort?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they have difficulty remaining seated for long periods of time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they have difficulty with sustained focus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they experience considerable anxiety in test settings?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

Video Interviews are time constrained and evaluate the applicant's ability to manage time and think under pressure. Recommendations should not modify the nature and level of the qualifications being assessed.

Do they require additional time?

☐ Yes

☐ No

If yes, please indicate the time multiplier.

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

Is assistive software (screen reader) required?

☐ Yes

☐ No

Is assistive personnel (reader) required?

☐ Yes

☐ No

Please provide your rationale for the recommended accommodations measures, along with any other pertinent details or recommendations:

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