

### Acuity Insights Accommodations Request Form

*Last updated: April 2026*

Applicants with a disability, functional limitation, or medical condition may apply for accommodations for Casper, Professional Skills Development, and Video Interviews.

#### Before Submitting Your Request

Prior to submitting a request, please ensure you have created an account for your respective assessment(s). **Please note that our team cannot begin processing your accommodations application until this account has been established.**

- **For Casper:** Account required at [my.acuityinsights.app](https://my.acuityinsights.app).
- **For Professional Skills Development and Video Interviews:** Account required at [platform.acuityinsights.com](https://platform.acuityinsights.com).

#### Reserving Your Assessment

We highly recommend reserving your Casper test or Video Interview before applying for accommodations. (Please note: For the Professional Skills Development, no specific test reservation is needed, as your program will directly assign the assessment to you).

If a reservation is not yet possible for your Casper or Video Interview cycle, you may submit your request early by specifying your intended test date in your email or on your form.

*Note for early submitters: If you submit your request before creating a reservation, you must contact our team once your test is officially booked so that we can manually apply your accommodations.*

#### Submission Deadlines

To ensure our team has sufficient time to review your request, all materials must be submitted according to the following timelines:

- **For Casper and Professional Skills Development:** Materials must be submitted at least four (4) weeks prior to your assessment date.
- **For Video Interviews:** Materials must be submitted at least two (2) weeks prior to your interview date, or as soon as possible.

Exceptions to these timelines are granted only in extreme circumstances, such as medical emergencies or specific CaRMS deadlines.

## Initial Requests

If you are applying for accommodations for the first time, please submit:

- **Accommodations Request Form:** Part 1 (Applicant) and Part 2 (Qualified Professional).
- **Supporting Documentation:** Evidence of previous accommodations or medical evaluations. All documentation must be current, typically within the last five (5) years.
  - *Note: Submission of additional supporting documents is optional unless specifically requested by our team.*

## Subsequent Requests & Extensions

If you were previously approved for accommodations, refer to the validity period stated in your approval letter, as it may not be necessary to submit a new request if your approval remains active.

- **Extensions:** For chronic or lifelong conditions where needs remain unchanged, you may submit an [Extension Request Form](#) rather than a new application.
- **Amendments:** If your condition has changed or you require a revision to approved measures, submit a new request form marked as an Amendment.

## Qualified Professional Requirements

The professional completing Part 2 must be licensed in the area of disability or impairment for which an applicant is seeking accommodations, with comprehensive training and experience in its assessment and diagnosis. To ensure an objective evaluation, the professional must not be a relative, friend, employer, or employee of the applicant, even if they are otherwise qualified. Recommendations provided in Part 2 should be specific to the format of Acuity Insights assessments.

## Submission & Confirmation

Submit your documents to [accommodations@acuityinsights.com](mailto:accommodations@acuityinsights.com). You may also request a secure upload link via this email address for sensitive files.

Our team generally acknowledges receipt within one (1) business day. If you have not received a confirmation within five (5) business days, please follow up with us directly.

## Official Approval Confirmation

Please be advised that accommodations are only considered officially approved once you have received a formal Accommodation Approval Letter from the Acuity Insights Team.

Correspondence discussing potential options or the status of your review does not constitute an approval. You must receive your final approval package prior to your test date for accommodations to be applied to your account.

**For complete details on requirements and procedures, please refer to the [Acuity Insights Accommodations Policy](#).**



**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			
<b>Full Name</b>		<b>Designation / Certification</b>	
<b>Professional Organization</b>		<b>Street Address</b>	
<b>City</b>		<b>Province / State</b>	
<b>Postal / Zip Code</b>		<b>Country</b>	
<b>Phone Number</b>		<b>Email</b>	

The applicant is requesting accommodations for one or more Acuity Insights assessments. To ensure your recommendations are appropriate, please review the assessment formats and available measures below.

### Assessment Formats

All assessments are taken online in a location of the applicant's choosing.

- **Casper:** An open-response situational judgment test that measures aspects of your social intelligence and professionalism.
  - **Video Response Sections:** 1 minute to record a response to each question.
  - **Typed Response Sections:** 3.5 minutes to respond to a set of two questions.
- **Video Interviews:** A standard one-way recorded interview where applicants have a set amount of time to prepare and record responses to prompts. Time limits vary by program.
- **Professional Skills Development:** A story-based, open-response situational judgment test that measures professional skills. Applicants are presented with a series of scenarios and have a set time limit and word count to type their responses.

### Available Accommodations

Acuity Insights provides measures that mitigate functional limitations while maintaining the integrity of the timed assessment. These time limits are a critical aspect and help evoke the most authentic response possible. It is normal for an applicant to feel rushed or short on time during these assessments.

Accommodation Type	Casper	Professional Skills Development	Video Interviews
<b>Additional Time</b>	Calculated via multiplier (e.g., +25%, +50%)	Calculated via multiplier (e.g., +25%, +50%)	Calculated via multiplier (e.g., +25%, +50%)
<b>Assistive Software</b>	Speech-to-Text or Text-to-Speech	Not Applicable	Not Applicable
<b>Assistive Personnel</b>	Scribe or Reader	Not Applicable	Not Applicable

## Measures Not Required

The following are either standard features or are not permitted:

- **Closed Captioning:** Standard on all assessment videos via a toggle on the video player.
- **Spell-Check:** Raters are instructed to disregard spelling and grammar.
- **Unlimited Time:** To ensure a standardized experience, unlimited time is not permitted. Accommodations are instead granted as specific time multipliers (e.g., 1.5x or 2.0x).
- **Alternate Start Times:** Testing sessions occur at specific, scheduled times to ensure live technical support and content security. Earlier or later start times for individual applicants are not permitted.
- **Multi-Day Testing:** All assessments must be completed in a single, continuous sitting. Splitting a single assessment over two or more days is not supported.

## Test Security

All assessments must be completed independently by the registered applicant. The use of assistive software, personnel (e.g., Scribes or Readers), or any other individuals is strictly prohibited unless explicitly approved through this accommodations process.

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

**Disability/Condition Information**

**Applicant Name**

\_\_\_\_\_

**Date of Last Treatment or Consultation**

\_\_\_\_\_

**Nature of Condition**

Permanent

Temporary

**If Temporary, Anticipated Date of Recovery**

\_\_\_\_\_

**Clinical Status**

Chronic

Acute

**Please provide an explanation of the functional limitations of the applicant as they relate to the Casper test:**

## Disability/Condition Questionnaire

Complete this questionnaire based on your clinical knowledge of the applicant. Please evaluate the applicant's functional abilities in comparison to peers of a similar educational level.

Functional Skill Area	Difficulty?	Specific Challenges (Select all that apply)
<b>Reading and Processing</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Adding letters/Omitting letters <input type="checkbox"/> Skipping Letters <input type="checkbox"/> Confusing similar words <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Reversing letters/digits
<b>Auditory and Visual</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Processing auditory information <input type="checkbox"/> Relies on hearing device <input type="checkbox"/> Processing visual information (images/video)
<b>Verbal and Writing</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Written expression (typed or otherwise) <input type="checkbox"/> Relies on nonverbal communication <input type="checkbox"/> Verbal expression
<b>Executive and Physical</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Chronic pain/discomfort <input type="checkbox"/> Difficulty remaining seated <input type="checkbox"/> Test-setting anxiety <input type="checkbox"/> Sustained focus

Please specify any other clinical observations or functional limitations not captured above that may impact the applicant's performance in a timed, online testing environment.

## Recommended Accommodations

Based on your clinical knowledge and the assessment formats described in this form, please indicate the measures required to mitigate the applicant's functional limitations.

**Please note:** These assessments are designed to evaluate an applicant's ability to process information and communicate effectively under time constraints. Recommendations should be intended to provide equitable access without fundamentally altering the nature or level of the skills being assessed.

### Casper and Professional Skills Development

**Recommended Time Multiplier**  
(e.g., 1.25x, 1.5x, 2x)

\_\_\_\_\_

**Sections Multiplier Required**

- Video Response Section  
 Typed Response Section (Casper Only)

**Assistive Software**

- Speech-to-Text                       Text-to-Speech

**Assistive Personnel**

- Scribe                                       Reader

### Video Interviews

**Recommended Time Multiplier**  
(e.g., 1.25x, 1.5x, 2x)

\_\_\_\_\_

**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