

# CAEC Accommodations Request Form

Revised November 2024

Ministry of Immigration and Career Training  
1000, 2103 11<sup>th</sup> Avenue  
REGINA SK S4P 3Z8  
306-787-5597 | [caec@gov.sk.ca](mailto:caec@gov.sk.ca)

Accommodations are targeted supports that may be approved on a case-by-case basis for people experiencing a diagnosed medical condition, learning disability or other extenuating circumstance.

The applicant must provide documentation from a doctor or other certified professional that includes a specific diagnosis, recommendation(s) and rationale for the accommodation(s).

## Applicant Information

**Name of Applicant** (please print)

**Date of Birth** (dd-mmm-yyyy)

**Phone Number**

**Email**

**Address**

**City/Town**

SK  
**Province**

**Postal Code**

**Testing Centre Name**

**Testing Centre Location**

## Requested Accommodation

Choose from below:

	<i>Type of Accommodation:</i>	<i>Specify as needed:</i>
	Input Assistance/Scribe	
	Braille	
	Reader	
	Other:	

### Important note:

To maintain the integrity of CAEC tests, use of a dictionary, thesaurus or translator for the English Reading, Français Lecture, Social Studies, Mathematics, and Science tests is not permitted under any circumstances.

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**Reason for Accommodation:** (Please include documentation from a Certified Professional that has been completed within the last five (5) years and that outlines why this accommodation is needed. Older documentation may be considered if the applicant is unable to provide more recent documentation without undue burden or expense. These documents can be sent separately if needed.)

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By signing this form, I understand that the Ministry of Immigration and Career Training (the Ministry) will review my request and advise me of the approval status and what support(s) have been approved.

If approved, I understand that the Ministry will share my accommodation needs (but not my specific medical details) with the CAEC Testing Centre to ensure the supports are in place on the day of the test. The ministry will also share my registration information (i.e. my name, date of birth, address, email and phone number) with the Testing Centre to ensure the supports are adequate, and will email me a copy of my completed form so that I have a record of the approval. I understand that accommodated testing should not be scheduled until my accommodations are approved. If I schedule a test prior to receiving approval, it will result in using one of my test attempts for the calendar year.

By signing below, I agree to the collection, use, and sharing of my personal information and personal health information as described above. This consent will be valid for the rest of the calendar year it is signed in.

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**Applicants Signature**

**Date**

Please submit this form and supporting documents to [caec@gov.sk.ca](mailto:caec@gov.sk.ca) with the subject line CAEC Accommodations Request. For questions about my accommodation request or this form, please call the CAEC Administration Office at 306-787-5597. For questions about the collection, use or sharing of personal information or personal health information or the consent form, please contact the Ministry of Immigration and Career Training Privacy Officer at 306-510-4823.

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## CAEC Office Use Only

	Type of Arrangement:	Requested:	Approved:	Denied:
	Input Assistance/Scribe			
	Braille			
	Reader			
	Other:			

### Notes:

CAEC Administrator,  
Ministry of Immigration and Career Training

Date