

Assessment Accommodation Request

Bioscience Core Skills Institute

INSTRUCTIONS: Complete all sections of this form and submit to BCSI no later than 10 business days before your scheduled assessment date. Attach supporting documentation from a qualified professional describing your functional limitation (a diagnosis is not required). Submit by email to info@bcsi.bio with subject line: Accommodation Request – [Your Last Name]. BCSI will issue a written determination within 5 business days of receiving a complete request.

SECTION A: CANDIDATE INFORMATION

Last Name

First Name

Preferred Name (if different)

Date of Birth (MM/DD/YYYY)

Mailing Address

City

State

Phone Number

Email Address

SECTION B: INSTITUTIONAL AFFILIATION

Complete this section if you are enrolled in a school, college, or workforce training program administering BCSI assessments. Leave blank if submitting directly as an independent candidate.

Institution Name

Primary Contact at Institution (Name, Title)

Primary Contact Email

SECTION C: ASSESSMENT INFORMATION

Identify the specific BCSI credential(s) for which you are requesting an accommodation. If you are unsure of the exact badge name, describe the skill area.

Select the credential(s) for which you are requesting an accommodation:

Aseptic Technique: Lab Bench

FPLC: Setup and Operations

Process Monitoring

Aseptic Technique: Biosafety Cabinet

Instrumentation: pH Meter

Quantitative Lab Skills I

Basic Light Microscopy I

Lab Safety: Spill Cleanup

Regulatory Auditor Communication

Cell Density: Hemocytometer

Numeracy

Safety: Hazard Identification

cGDP

Preparation of Solutions and Dilutions

Small Volume Metrology

Documentation and SOP

Problem-Solving cGMP

Tangential Flow Filtration

Scheduled Assessment Date (MM/DD/YYYY)

Continue to next page

Submit to: info@bcsi.bio | Subject: Accommodation Request – [Last Name] | bcsi.bio

BCSI-FORM-001 | bcsi.bio | info@bcsi.bio | Page 1 of 3

Assessment Accommodation Request

Bioscience Core Skills Institute

SECTION D: FUNCTIONAL LIMITATION

BCSI does not require a diagnosis. You are asked to describe how your condition functionally affects your ability to participate in a skills assessment under standard conditions. This information is used solely to evaluate your accommodation request and is kept confidential.

Describe the functional limitation that affects your ability to participate in the assessment under standard conditions:

Nature of limitation (check all that apply):

Motor / physical (e.g., fine motor control, strength, mobility, stamina)

Sensory (e.g., vision, hearing)

Cognitive / learning (e.g., processing speed, reading, attention)

Psychological / neurological (e.g., anxiety, ADHD, autism spectrum)

Chronic health condition or episodic disability

Other (describe below)

If Other, describe:

SECTION E: ACCOMMODATION REQUESTED

Describe specifically what accommodation you are requesting. Be as precise as possible. Vague requests may require follow-up before BCSI can issue a determination.

Describe the accommodation(s) you are requesting:

Common accommodation types (check any that apply to your request):

Extended time for written or knowledge-check components of the assessment

Verbal response in place of written response for knowledge questions

Rest breaks during a multi-step assessment

Large-print or accessible-format instructions

Use of adaptive or assistive equipment (describe below)

Modified assessment environment (e.g., reduced noise, private testing space)

Reader or scribe for written portions

Other (describe below)

If you selected adaptive/assistive equipment or Other, describe the specific equipment or modification and explain how it relates to your functional limitation:

Note on Standard Modifications: BCSI cannot waive, substitute, or reduce any criterion designated as a critical failure criterion in an assessment rubric. Critical failure criteria reflect safety, regulatory, or data integrity requirements that define the credential. If your requested accommodation involves a step that may be a critical failure criterion, BCSI will contact you to discuss alternatives.

Continue to next page

Submit to: info@bcsi.bio | Subject: Accommodation Request – [Last Name] | bcsi.bio

BCSI-FORM-001 | bcsi.bio | info@bcsi.bio | Page 2 of 3

Assessment Accommodation Request

Bioscience Core Skills Institute

SECTION F: SUPPORTING DOCUMENTATION

Attach documentation from a qualified professional (physician, psychologist, licensed therapist, disability services coordinator, or other credentialed provider) that describes your functional limitation in sufficient detail to support the accommodation requested. A formal diagnosis is not required, but documentation must identify the nature and functional impact of the condition.

Documentation attached with this request (check all that apply):

- Letter from physician, psychologist, or licensed clinician
- Disability services documentation from a college or university
- IEP or 504 Plan (current or most recent)
- Neuropsychological or psychoeducational evaluation report
- Letter from licensed therapist or counselor
- Other professional documentation (describe below)

If Other, describe the type of documentation attached:

If documentation is not yet available, contact BCSI at info@bcsi.bio before submitting this form. Late or incomplete requests may not be reviewable before the scheduled assessment date.

SECTION G: CERTIFICATION AND SIGNATURE

By signing below, you certify that the information provided in this form is accurate and complete to the best of your knowledge, that the documentation submitted is genuine, and that you understand BCSI's accommodation determination does not guarantee a specific outcome on the assessment itself.

Candidate Signature

Date (MM/DD/YYYY)

If this form is submitted on behalf of a candidate by an institutional representative or legal guardian:

Representative Name and Title

Institution

Representative Signature

Date (MM/DD/YYYY)

FOR BCSI USE ONLY

Date Received:	Received By:	Complete: Yes No
Determination: Approved (as requested)	Approved (modified)	Denied Pending additional information
Determination Date:	Reviewed By:	
Notes:		