Justification for Testing Accommodation

INSTRUCTIONS TO APPLICANTS: If you have a disability that requires an accommodation in testing, this form must be completed by an appropriate professional (i.e., education professional, physician, vocational rehabilitation counselor, psychologist, or psychiatrist) to certify that your disabling condition requires testing accommodation(s).

If you have previously submitted documentation to request the same or a similar accommodation for a Civil Service examination, you do not need to submit another form. Please call our office directly at (717) 787-2935 to make arrangements to schedule your exam.

CERTIFICATION

(Please print or type the requested information)

Applicant's Name: _____

Social Security No.: - - _____

(Last four digits only)

I certify that because of this applicant's disability, he/she should be accommodated by providing the following (*check all that apply*):

- ☐ Reader
- ☐ Note Taker/Writer
- ☐ Separate Testing Area
- ☐ Extended Time
- ☐ Use of Adaptive Equipment

Use of Adaptive Equipment (specify):

☐ Alternate Test Format ☐ Audio Taped Test ☐ Large Print Test - Font Size: ____

☐ Other Format: _____

Other Accommodation (specify):

Certifying Professional's Name (Print): _____

Signature: _____ Date: _____

Title: _____

License # (if Applicable): _____

Daytime Telephone Number: _____

E - Mail Address: _____

Address for return:
Test Administration Division
State Civil Service Commission
P.O. Box 569
Harrisburg, Pennsylvania 17108-0569

E-mail: RA-cs-TestAdmin@pa.gov
Fax Number: (717) 783-3057