

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 may submit a copy of that material instead of completing a new form.

CERTIFICATION

(Please print or type the requested information)

Applicant's Name: _____

Social Security No.: 000-00-_____ Examination: _____
(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*):

- | | |
|---|--|
| <input type="checkbox"/> Reader | <input type="checkbox"/> Note Taker/Writer |
| <input type="checkbox"/> Separate Testing Area | <input type="checkbox"/> Extended Time |
| <input type="checkbox"/> Use of Adaptive Equipment (specify): _____ | |

- | | | |
|---|---|---|
| <input type="checkbox"/> Alternate Test Format | <input type="checkbox"/> Audio Taped Test | <input type="checkbox"/> Large Print Test - Font Size _____ |
| <input type="checkbox"/> Other Format: _____ | | |
| <input type="checkbox"/> Other Accommodation (specify): _____ | | |
| _____ | | |
| _____ | | |

Certifying Professional's Name (Print): _____

Signature: _____ Date: _____

Title: _____

License # (if Applicable): _____

Telephone #: _____ Fax #: _____

E-Mail Address: _____

Address for return:

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

Fax Number: 717-783-3057