Testing Accommodation Request Form

INSTRUCTIONS TO APPLICANTS: Stanislaus County provides reasonable and appropriate accommodations for individuals with documented disabilities, within the meaning of the Americans with Disabilities Act (ADA).

If you have a disability that requires an accommodation in the written or oral examination, this form must be completed by a licensed health care provider certifying that your disabling condition requires testing accommodation(s).

Requests for testing accommodations must be received prior to the test administration date.

CERTIFICATION
(Please print or type the requested information)

Applicant’s Name: __________________________________________________________

Position Title: ___________________________ Test Date: ____________________________

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 ☐ Alternate Test Format

☐ Audio Tape Test ☐ Large Print Test – Font Size _____ ☐ Other Format: ____________________________

☐ Extended Time (NOTE: All tests are timed; if you are requesting extended time, indicate duration): ____________________________

☐ Use of Adaptive Equipment (specify): ____________________________

☐ Other Accommodation (specify): ____________________________

Certifying Health Care Provider or Educational Institution’s Information

Name (Print): ____________________________ Date: ____________________________

Signature: ____________________________ Date: ____________________________

Title: ____________________________ License # (if applicable) ____________________________

Telephone #: ____________________________ Fax: ____________________________

E-Mail Address: ____________________________

Address for return:
Stanislaus County/ Human Resources
1010 10th Street, Ste. 1400
Modesto, CA 95354
Main: (209) 525-6341
Email: jobhelp@stancounty.com