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

☐ Use of Adaptive Equipment (specify): ____________________________________________

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

☐ Other Accommodation (specify):
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Certifying Health Care Provider or Educational Institution’s Name (Print):
__________________________________________

Signature: ________________________________ Date: ______________________

Title: ________________________________ License # (if applicable) ______________________

Telephone #: ______________________________ Fax: ______________________

E-Mail Address: ______________________________________________________________

Address for return:
Stanislaus County/ Human Resources
1010 10th Street, Ste. 6800
Modesto, CA 95354
Main: (209) 525-6333
Fax: (209) 544-6226
Email: jobhelp@stancounty.com