

ADA Accommodation Request Form

The information requested below and any documentation regarding your disability and your need for accommodations in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name _____

Address _____

Phone _____

Accommodations requested for the Healthy Homes Specialist (HHS) Credential Examination

Exam Site _____ Date _____

Please check all that apply:

- Accessible Testing Site Large Print Tape
- Reader
 - for visual impairment for learning disability
- Scribe
 - for visual impairment for learning disability
- Sign Language Interpreter
- Extended time (please specify)
 - Time and a half (3 hrs)
 - Double time (4 hrs)
 - Other (specify ____ hrs ____ min)
- Separate testing area
- Use of computer or other adaptive equipment (specify)

 Other Accommodations (specify)

I understand that I must forward all required paperwork with this document at least 30 days prior to my test date in order for it to be processed.

Signature _____ Date _____

Documentation of Disability-Related Needs

If you have a learning disability, psychological disability, or other disability that requires an accommodation in testing, please have this form completed by an appropriate licensed professional (psychologist, physician, or surgeon) to certify that your disabling condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodations provided to you in another test administration, you may submit such documentation in lieu of this form.

I have known _____ since _____
(applicant) (date)

in my capacity as _____
(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of the applicant's disability, he or she should be accommodated by providing the following:

Please check all that apply:

Accessible Testing Site Large Print Tape

Reader

for visual impairment for learning disability

Scribe

for visual impairment for learning disability

Sign Language Interpreter

Extended time (please specify)

Time and a half (3 hrs)

Double time (4 hrs)

Other (specify ____ hrs ____ min)

Use of computer or other adaptive equipment (specify)

 Other Accommodations (specify)

Name (Printed) _____ Signature _____

Title _____ License # _____

Phone (____) _____ Date _____