

**REASONABLE ACCOMMODATION REQUEST FOR EXAMINATION
FOR CANDIDATES WITH DISABILITIES**

The Shelby County Law Enforcement Personnel Board (SCLEPB) provides “reasonable accommodations” for applicants with disabilities that may affect their ability to take required examinations. It is the **applicant’s** responsibility to notify SCLEPB of the desired accommodation(s). We cannot provide accommodations if we are unaware of your needs. The information requested below and any documentation regarding your disability will be considered strictly confidential and, unless required by law, will not be shared with any outside source without your express written permission.

NAME: _____
(Last / First / Middle)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ - _____

TELEPHONE #: (____) _____ (____) _____ (____) _____
(Work) (Home) (Cell or Other)

NOTE: If the requested accommodation involves modifying the examination administration procedures (i.e., additional testing time, a reader or writer), please obtain the professional verification described on the reverse side. If the request is limited to wheelchair access, or sitting in the front of the room, professional verification is not required.

Please respond to the following. Attach additional sheets as needed.

My disability is (e.g., hearing impairment, learning disability, etc.):

My disability impairs my ability to accurately exhibit my knowledge and skill on the examination in the following manner:

The reasonable accommodation(s) I am requesting is/are:

| | |
|--|---|
| _____ Separate testing area | _____ Written instructions as accommodation |
| _____ Reader as accommodation for visual impairment | _____ for hearing impairment |
| _____ Extended testing time | _____ Specified breaks during testing |
| time requested (½, double, etc.) | _____ Other (please specify) |
| | _____ |

I certify under penalty of perjury that the foregoing is true and correct. I agree to the modified testing condition(s) authorized by the board and I will not discuss the exam content with anyone other than authorized representatives of the board. I give my permission for SCLEPB to contact the professional verifying my disability to discuss the findings of their report, if necessary.

Signature

Date

VERIFICATION OF REQUEST FOR ACCOMMODATION

Professional verification of the candidate's disability must be submitted to SCLEPB on the letterhead stationery of the medical authority or specialist and include the following:

- a. The nature and extent of the disability. The diagnosis should indicate how the condition substantially limits **major life activity** and its anticipated duration.
- b. The effect of the disability on the candidate's ability to perform under normal testing conditions.
- c. What special provision or modification the medical authority is recommending (e.g., extended testing time, separate testing facility, etc.). Under no circumstances will SCLEPB authorize more than double the normal testing time.
- d. Name, title, and telephone number of the medical authority or specialist.
- e. Original signature of the medical authority or specialist.
- f. Professional license or certification number of the medical authority or specialist.

A candidate with a **learning disability** must submit the above information from one of the following learning disability specialists:

- a. Licensed psychologist
- b. Learning disability specialist practicing in a college or university Learning Disabled Center
- c. Learning Disability professional in public or private practice with a Doctorate in Special Education
- d. Learning disability specialist licensed by the state
- e. Neurologist

The statement must respond to all of the above items in order for the request to be considered.

Please note that all of the items must be submitted at least 30 days prior to a desired test date. The candidate will be notified in writing if approved.

The candidate must provide the above information with regard to the special testing accommodation(s) requested to:

Shelby County Law Enforcement Personnel Board
P. O. Box 1006
Columbiana, AL 35051