



Testing Accommodation – ADA Step 1 (Provider Statement)

Return completed form to
classifiedservices@columbus.k12.oh.us

Provider: Please return this form to the applicant.

**Applicant: Please return this form to Columbus City Schools
on or before _____**

The Columbus City Schools accommodates applicants according to the requirements of the Americans with Disabilities Act (ADA). An applicant who requests such accommodation must demonstrate that he or she is covered by the law. As a licensed medical provider, you are being asked to provide information to aid the district in making an appropriate determination regarding the candidate's request. Please return the completed form to the applicant so that the form can be returned to Columbus City Schools by the date noted above.

Part A – To be completed by the job applicant.

1. Applicant Name: _____
2. Street Address: _____
City, State, Zip Code _____
3. Telephone Number: _____

Part B – To be completed by a licensed provider of medical services.

1. Provider Name: _____
2. Street Address: _____
City, State, Zip Code _____
3. Telephone Number: _____
4. Licensing Board: _____
5. License State & Number: _____
6. Diagnosis of Applicant's Disability: _____

7. Date of Diagnosis: _____
8. Name of Provider making diagnosis if other than this provider: _____

9. How long have you treated the applicant for this disability? _____

10: What methods did you use to diagnose the disability? In general, how severe is the disability? For psychological or psychiatric disabilities, what instruments or methods were used to assess the disability?

11. How is the disability currently being treated? If known, please include current job title, current employment accommodations, and a statement about the effectiveness of the accommodations.

I affirm that the information provided here is accurate, as I know it.

Provider Signature _____ Date _____

Thank you for assisting the applicant and Columbus City Schools in addressing this matter. If you have questions about the Schools policies or this form, please email classifiedservices@columbus.k12.oh.us

If the applicant is found to be covered by the ADA, you may be asked to recommend appropriate accommodations.

FOR COLUMBUS CITY SCHOOLS USE ONLY

Review Date: _____

Determination: Covered Not Covered

Reviewed by: _____

Comments: _____

