Testing Accommodation – Not ADA (Accommodation Request)

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

1. Examination: _____

2. Date (or first phase of) of Exam: _____

3. Name: _____

4. Candidate ID Number: _____

5. Street Address: _____

   City, State, Zip Code _____

6. Telephone Number: _____

7. Reason for Accommodation: ☐ Military ☐ Temporary Disability ☐ Other

8. What type of accommodation are you requesting during the testing process?

   _____

   _____

   _____

   _____

   _____

9. Why do you believe this accommodation is necessary? _____

   _____

   _____

   _____

   _____

   _____

   _____

10. If you are requesting a temporary physical disability accommodation, please attach medical documentation that verifies your need for an accommodation (documentation not necessary if disability is obvious).

    ☐ Attachment

11. If you are requesting a military accommodation, please attach a copy of your military orders.

    ☐ Attachment

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I understand that I must submit this request to Columbus City Schools as soon as I become aware an accommodation is necessary, or in any event, no later than _____, 20_____. I certify that the above statements and supporting documentation are truthful and accurate. Furthermore, I understand that if it is determined that any answers herein are untrue or fraudulent, I may be prohibited from taking the examination, or otherwise removed from any stage of the selection process. I understand I have a right to request a copy of this completed form.

_____   _____
Signature of Applicant, or Applicant's Designee   Date

_____   _____
Signature of Columbus City Schools Staff   Date

Mail or Return to: Columbus City Schools
                      Attention: Test Administration
                      270 East State Street, Room 103
                      Columbus, OH 43215

FOR COLUMBUS CITY SCHOOLS USE ONLY

1. Did the applicant attach appropriate documentation – military orders or medical documentation?
    ☐ Yes   ☐No   If yes, date received: _____

2. If military accommodation was requested, do the applicant's military orders verify the existence of a conflict between the test date and the date the applicant is scheduled for military duty?
    ☐ Yes   ☐ No

3. Accommodation made? ☐ None   ☐ As Requested   ☐ Other _____

4. Date applicant notified (attach correspondence): _____

5. Comments: _____
    _____
    _____
    _____
    _____