

SPECIAL ACCOMMODATIONS REQUEST

The New Jersey Department of Personnel, Division of Selection Services testing process may involve one or more examination methods that may require candidates to participate by:

1. Accessing test centers and sitting in desks, chairs, etc.
2. Filling in circles on a bubble sheet (e.g., multiple-choice examination).
3. Writing answers in narrative form using a pen or pencil (e.g., essay examination).
4. Speaking before a panel of assessors (e.g., oral examination).
5. Performing physical activities (e.g., physical performance or physical agility tests).
6. Reading examination material.
7. Listening to instructions or audiotapes containing examination stimulus material.

Return the Completed Form to:
 New Jersey Department of Personnel
 Division of Selection Services
 Information Center Attn: Marty Berrien
 P.O. Box 310
 Trenton, New Jersey 08625-0310

If you have any questions:
 Telephone: (609) 292-4158
 TDD: (609) 633-3802
 FAX: (609) 984-1064

NOTE: Any information regarding your ADA accommodations will be kept **confidential** and retained in a separate file at the Department of Personnel. Please respond within two weeks of the receipt of this form so that we can provide the assistance you need. Without this information, we will not be able to provide reasonable accommodations for you.

SECTION I

To be completed by
CANDIDATE

Please check the accommodations you are requesting:

A. Visual / Learning

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Reader | <input type="checkbox"/> Extra Time |
| <input type="checkbox"/> Marker | <input type="checkbox"/> Separate Room |

B. Hearing

- | |
|--|
| <input type="checkbox"/> Interpreter |
| <input type="checkbox"/> Separate Room |

C. Mobility

- | | |
|---|--|
| <input type="checkbox"/> Special parking | <input type="checkbox"/> Accessible test area for persons who use a wheelchair |
| <input type="checkbox"/> Marker | <input type="checkbox"/> Special seating |
| <input type="checkbox"/> Testing rooms as close as possible to entrance or restroom | <input type="checkbox"/> Personal attendant (to be provided by candidate) |

D. Other

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SECTION 2

To be completed by
Doctor or
Child Study Team
and to be signed by
candidate.

The following candidate has filed for a New Jersey Department of Personnel examination and has indicated on the application form that ADA assistance is needed. Whenever possible, the Department of Personnel provides reasonable accommodations to allow persons with disabilities to participate in the examination process. Please assist us in this process by completing the following information and returning the form to the candidate.

Please review the candidate's medical history and the information s/he provided on the back of this form. Complete this side of the form if you support the claim of need for the ADA accommodation.

Print Candidate Name: _____ Social Security/
Applicant ID #: _____

Candidate Signature: _____ Title of test
(if applicable): _____

Diagnosis of Candidate:

Special Accommodation(s) Requested:

(Print Doctor's Name and Medical Degree)

(Doctor's Signature)

(Child Study Team/ Title)

(Department)

(Street Address)

(Certificate License No.and State)

(City) (State and Zip)

(Phone Number)

(Mailing Address, If Different)

(Fax Number)

(Mailing Address, If Different)

(Date Signed)

Please note any information regarding your patient's ADA accommodations will be kept **STRICTLY CONFIDENTIAL** and in a separate file with the Department of Personnel. By virtue of signing this form you are consenting that we may contact your physician and/or child study team for clarification, verification and/or questions. If you fail to complete or sign this form, the DOP cannot guarantee that your accommodation request will be honored.