## **Request for Special Accommodations for Testing**

Greene County
Civil Service Commission
www.greenegov.com

## Instructions

To request special accommodations for a civil service examination, complete this form, attach photocopies of all appropriate documentation described below, sign and date the attestation, and send the completed form and documentation to the Greene County Civil Service Commission. Once the application and supporting documentation is received, Greene County Civil Service Commission will forward the information to NYS Civil Service for review and determination of the special accommodation requested. Contact information for the Greene County Civil Service Commission is provided at the end of the form. Call or email the Greene County Civil Service Commission should you have any questions.

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| Soc.<br>Sec. #:            |              |       |         |             |       |         |           |       |      |       | E-:  | mail . | Addr           | ess:   |      |      |      |      |     |      |          |            |      |         |     |      |     |
| Legal<br>Address:          |              |       |         |             |       |         |           |       |      |       |      |        |                |        |      |      |      |      |     |      |          |            |      |         |     |      |     |
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| Mailing                    |              | City  |         |             |       |         |           |       |      |       |      | _      | State Zip Code |        |      |      |      |      |     |      | e        |            |      |         |     |      |     |
| Address:<br>(if different) |              |       |         |             |       |         |           |       |      |       |      |        |                |        |      |      |      |      |     |      |          |            |      |         |     |      |     |
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| lease spe<br>pecial acc    | cify<br>comr | the o | civil : | servi<br>s: | ce ex | amiı    | natio     | n, ex | amiı | natio | n nu | mbe    | r and          | d date | e th | e ex | am i | s be | ing | held | d for    | whic       | h yo | u are   | req | uest | ing |
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**Directions for documentation:** Candidates requesting special accommodations because of disabilities covered by applicable laws must provide photocopies of documentation according to these standards:

The documentation must be an evaluation and/or diagnosis by a licensed professional. The diagnosis must be within the professional's scope of practice. If testing was performed on the candidate, the results of those tests must be provided.

- The documentation must be signed by the licensed professional on official letterhead from that person's practice. The professional must be clearly identified by name and profession.
- The documentation must state the diagnosis clearly and must specify what accommodations are required for the candidate to experience a fair administration of the examination. The accommodations must be presented as a requirement given the nature of the disability, not as a suggestion.
- In addition to the documentation described above, the candidate must provide a letter from her or his professional program attesting to the nature of accommodations that were provided for testing throughout the course of study.

\*\*Should you have any questions regarding submission of acceptable documentation, please contact Greene County Civil Service Commission\*\*

| Previous accommo   | dations were granted in (check all that apply):  |
|--|--|
| High School  |  |
| College  |  |
| Professional Pr  | ogram  |
| Accommodations w   | hich you are currently requesting (check all that apply):  |
| Additional testing tim   | e: Time and a half Double Time Other (Please indicate below)   |
| Separate testing land Reader Mobility i.e., special wheelchair acces | ial parking,<br>sible, etc.  |
| Sign Language In   |  |
| Other type of assi   | stance (describe)  |
|  |  |
| Other (describe)   |  |
|  |  |
| Attestation  |  |
| I declare and affirm t   | hat the statements made in this request, including accompanying documents, are true, complete, and that any false or misleading information in, or in connection with, my application may be cause for the exam. |
| Signature  | Date   |
|  | Greene County Civil Service Commission 411 Main Street, Suite 340 Catskill, NY 12414 Phone: 518-719-3251 Fax: 518-719-3772 Email: civilservice@discovergreene.com  |