



Testing Accommodation Form

The Americans with Disabilities Act (ADA) requires that reasonable accommodations be provided to qualified individuals with disabilities. This law defines disabilities as physical or mental impairments that substantially limit one or more of a person's major life activities (e.g., walking, hearing, speaking, seeing, reading, or writing). Fire Service Training (FST) will provide reasonable and appropriate accommodations to qualified candidates who have documented disabilities and demonstrate a need for accommodation during the examination.

This form must be filled out and signed by a Chief Officer or Training Officer requesting special accommodation for the individual stated below. This form is confidential and will not be shared with anyone outside of FST employees.

APPLICANTS FULL NAME	DOB	SSN
WRITTEN TEST DATE	TEST LOCATION	
AFFILIATED DEPARTMENT	REASON FOR REQUEST	

Special accommodation testing is for individuals with a documented disability, which may hamper their success on a certification written examination. Select accommodation(s) below:

- ☐ A testing room separate from other exam candidates, with a reader provided by FST.
- ☐ A testing room to oneself other than a FST proctor to observe and maintain the security of the exam. (Applicant is allowed to read the questions out loud to oneself).
- ☐ The questions to be printed in a larger font (approximately 20% larger),
- ☐ The test to be copied on off-white paper (e.g., cream-colored).
- ☐ Additional time (25% more) to complete the exam.
- ☐ Other:

I hereby request testing accommodation for the applicant listed above. I am familiar with the applicant's condition and do hereby certify that there is a legitimate medical reason for accommodation.

NAME (PLEASE PRINT)		TITLE	
SIGNATURE		DATE	

Email completed form to fst@cte.idaho.gov OR Fax to 208-429-5559