

## Doña Ana County Testing/Interview Accommodation Request Form

The information requested below and any documentation regarding your disability and your need for an accommodation in testing/interviewing will be considered strictly confidential.

Please Print		
Applicant Name:	Date of Request:	
Address:	Telephone #:	
Position Applied For:		
Accommodation(s) requested for the	examination/interview.	
Check all that apply: Accessible testing/interview site Braille Large Print Audio Tape Reader Scribe ASL Sign Language Interpreter Extended Time Time-and-a-half Double time More than double time (Specify): Separate testing area Use of a computer or other adaptive equipment (Specify):		
Signature of Applicant	Date	
Signature of Human Resources Staff	Date	
Additional Comments:		

## Some accommodation requests will require documentation of disability. See the next page of this form.

Information on this form shall be confidential with exceptions according to the Rehabilitation Act of 1973, Section 504, Subd. 84.14, and the Americans with Disabilities Act of 1990, Subd. P.L. 101-336, Sec 102 C.



## Doña Ana County Testing Accommodation Documentation of Disability-Related Need

If you have a learning disability, psychological disability or other invisible disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist, vocational rehabilitation professional) to certify that your disability requires the requested testing accommodation.

If you have existing documentation of having the same or similar accommodation(s) provided to you in another testing situation, you may submit such documentation instead of having this portion of the form completed.

I have known		since		in my
	(Applicant's Name)		(Date)	-
capacity as a				
	(Professional Title)			

The applicant has discussed with me the nature of the test to be administered. It is my professional opinion that because of this applicant's disability he/she should be accommodated by providing the following: (check all that apply)

Accommodation(s) requested for the	examination/interview.
Check all that apply: Accessible testing/interview site Braille Large P Reader Scribe ASL Sign Language Interpreter Extended Time Time-and-a-half Double time More than double time (Specify Separate testing area Use of a computer or other ada	rint Audio Tape
Signed:	Date:
Title:	License # (if applicable):

Submit these forms with your application for employment to Doña Ana County Human Resources Department, 845 North Motel Boulevard, Las Cruces, NM 88007 or fax to 575-525-5888