



City of Petaluma

Special Testing Accommodation Request Form

Candidates with disabilities covered by the Americans with Disabilities Act should complete this form and have an appropriate licensed professional complete the Professional Documentation section so the request for accommodations can be processed efficiently. The information provided and any documentation regarding the disability and the need for accommodation in testing will be treated with strict confidentiality.

Applicant Information:

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

Home Telephone Number _____ Cell Phone Number _____

Testing Accommodations:

Please indicate the exam for which you are applying _____

Check all that apply:

- Wheelchair access
- Special seating
- Reader
- Recorder
- Extended testing time
- Separate testing area
- Zoom text font size
- Other special accommodations (please specify)



City of Petaluma

Special Testing Accommodation Request Form (cont.)

Documentation of Disability-Related Needs by Qualified Professional

This section must be completed by a licensed health care provider or an educational or testing professional to ensure that the City of Petaluma is able to provide the required test accommodations.

The nature of the disability, identification of the test(s) used to confirm the diagnosis, a description of past accommodations made for the disability and the specific testing accommodations requested must be included.

Professional Documentation

I have known _____ since _____
(Name of Applicant) (Date)

in my capacity as a(n) _____
(Professional Title)

The applicant discussed with me the nature of the test to be administered. It is my opinion that, because of this applicant's disability described below, he or she should be accommodated by providing the special arrangements listed on the Special Testing Accommodation Request form.

Comments:

Signature _____

Title _____ Date _____

License # (if applicable) _____

If applying online, email, mail, or fax this completed form to the Human Resources Division within five business days of application submission. If using a paper application, mail this completed form with your application to **City of Petaluma, Human Resources Division, 11 English Street, Petaluma, CA 94952; fax: 707.778.4539; phone: 707.778.4534; email: humanresources@ci.petaluma.ca.us**.