

## **Public Service Training Examination Accommodations Disability Policy**

### **I. OVERVIEW**

The West Virginia Department of Education (WVDE) Public Service Training (PST) Programs offer reasonable accommodations for the written certification exams for individuals with documented disabilities. Only written requests for accommodations for certification examinations are reviewed and each request is reviewed on a case-by-case basis. Requests must be submitted on the "Accommodation Request" form (APPENDIX B). Course standards will not be lowered but a variety of accommodations are available. Services and reasonable accommodations are provided pursuant to Section 504 of the *Rehabilitation Act of 1973* and the *Americans with Disabilities Act of 1990*. The candidate who is requesting an accommodation must complete the request form as soon as the need for an accommodation is recognized, but not later than twenty (20) working days prior to the scheduled examination to avoid a delay in the candidate's examination date. It is the candidate's responsibility to identify him or herself to the local Public Service Training Coordinator as soon as possible if he or she has a recognized disability or suspects he or she has one. The local Public Service Training Coordinator will review each request on an individual basis and make decisions relative to appropriate accommodations based on the following general guidelines:

1. To be considered for an accommodation, an individual must present adequate documentation demonstrating that his/her condition substantially limits one or more major life activities.
2. Only individuals with disabilities who, with or without reasonable accommodations, meet the eligibility requirements for certification at the level of the requested examination are eligible for accommodations.
3. Requested accommodations must be reasonable and appropriate for the documented disability and must not fundamentally alter the examination's ability to assess the essential functions of a firefighter, which the test is designed to measure.
4. Documentation demonstrating the current level of functioning of a candidate must be no older than three (3) years to help ensure accommodations are based on assessment of the disability's current impact on the candidate's ability to take the examination.
5. Professionals rendering diagnoses of a candidate's specific disabilities and/or making recommendations for appropriate accommodations must be qualified to do so.
6. PST realizes that each candidate's circumstances are unique and a case by case approach to review the documentation is required.

7. All documentation submitted in support of a required accommodation will be kept in confidence and will be disclosed to PST staff and consultants only to the extent necessary to evaluate the accommodation. No information concerning an accommodation request will be released to third parties without written permission from the candidate.
8. The local Public Service Training Coordinator (the "Coordinator") will complete a Response to Request for Accommodation form, attached to this Policy as Appendix A.
9. Any appeal of a denial by the local Public Service Training Coordinator for accommodations shall be made in writing to West Virginia Department of Education's Office of Adult Education and Workforce Development Executive Director.

## **II. Establishing Eligibility for Accommodations for Examination Due to a Disability**

### **A. General Requirements for Requesting an Accommodation**

The Accommodation Request form, Appendix B to this Policy, must be completed in its entirety. Candidates must submit documentation from a professional qualified to assess and diagnose the specific presenting disability. The documentation must include a comprehensive evaluation with objective evidence demonstrating the existence of a disability which substantially limits one or more major life activities. The name, title and professional credential of the qualified professional must be clearly stated in the documentation. Documentation must be submitted on the form attached to this policy as Appendix C. The professional diagnosis must include:

- a) A current, valid, professionally recognized diagnosis of the candidate's disability (e.g. pursuant to the current Diagnostic and Statistical Manual of Mental Disorders) by an appropriately qualified expert with copies of and reported scores from professionally recognized diagnostic tests, where applicable.
- b) Documentation that clearly identifies the nature and extent of the functional limitations that exist as a result of the diagnosed disability.
- c) Sufficient evidence to demonstrate that the functional limitation substantially limits the individual in performing one or more major life activity.
- d) Specific information about the significance of the impact the disability has on the candidate in the testing environment.

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- e) Specific recommendations for accommodations.
- f) An explanation of why each accommodation is recommended and why it is necessary to alleviate the impact of the disability in taking the certification examination.

PST reserves the right to request additional information at any time from the candidate requesting accommodations on its examinations.

More information concerning documentation of specific disabilities is set forth below.

### **B. Documentation Needed to Request Accommodations for a Learning Disability**

Documentation of a specific learning disability must include one of the following:

Evidence of a previously documented learning disability in reading decoding, reading comprehension, or written expression. Such documentation is described as follows:

Diagnosis of a learning disability in the area(s) of reading decoding, reading comprehension and/or written expression, based upon the results of standardized psychological educational assessment including an individually administered standardized measure of intelligence and an individually administered standardized measure of achievement in reading decoding, reading comprehension and/or written expression. All persons requesting special accommodations for the written examination will be required to submit the scores obtained on individually standardized measures of intelligence and achievement. Both standard scores and grade equivalent scores are required.

A learning disability diagnosis should be made by a qualified professional, according to the criteria outlined in the current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

The following should also be included in the documentation: developmental and academic history, current cognitive functioning, thorough investigation of deficit areas; reasonable consideration of alternative diagnosis and rationale for diagnosis.

Results of previous psychological educational evaluations and IEPs (Individual Education Plan) will be helpful information to include. However, a recent evaluation (within the past three years) must be included. If no such assessment has been conducted, then the applicant is responsible for obtaining such documentation before

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any decision can be made by PST regarding the applicant's request for special accommodations.

No person will be granted special accommodation on the written examination if he/she does not meet the minimum standards for performance as determined by analysis of the requirements of the job and as documented by standardized measures of aptitude and achievement. Please contact your local Public Service Training Coordinator for further information regarding minimum standards of performance.

### **C. Documentation Needed to Request Accommodations for Attention Deficits Hyperactivity Disorders**

Documentation indicating objective and specific evidence of current and substantial impairment which limits learning due to ADHD must be included. The professional conducting the evaluation and providing a diagnosis of ADHD must possess appropriate training and experience.

The diagnosis of ADHD should be made according to criteria outlined in the current DSM. Candidates whose chief complaints are occasional or situational problems with organization, test anxiety, memory and concentration do not likely fit the criteria for ADHD. In addition, a positive response to medication by itself is not conclusive of a diagnosis of ADHD but may be taken into consideration as to whether the applicant is, at present, substantially limited in a major life activity.

Evidence demonstrating that ADHD symptomology was first exhibited in childhood and continued a chronic course of symptoms through adolescence to adulthood should be included in the clinician's report to the extent available. A summary of the candidate's developmental history, education history, family history, relevant medical history, and relevant employment history will also be helpful

### **III. Types of Accommodations:**

The types of accommodations which may be requested by persons qualifying for special accommodations on the written examination due to documented disabilities in reading decoding and or reading comprehension are as follows:

1. A testing room to oneself (examinee is allowed to read the questions out loud to him or herself).
2. The test to be split in two with up to an hour break in between (no access to the first half of the examination will be allowed during or after the break).
3. The questions to be printed in a larger format.
4. The test to be copied on off-white paper (i.e. cream colored).

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5. The use of colored transparencies.

Other accommodations that do not change the condition of the examination or the examination process may be available.

To accommodate a special request, the examinee may have to test at a location to be determined by the local Public Service Training Coordinator.

PST does not permit proctors or guests to read an exam to a candidate.

#### **IV. HOW TO REQUEST AN ACCOMMODATION FOR PUBLIC SERVICE TRAINING TESTING**

\_\_\_\_ Obtain the requested documentation in support of your request from the professional who has diagnosed your disability and recommends that you be granted an accommodation. Be sure to review this Policy to make sure that you are submitting all the requested documentation and that the diagnosis is by a properly qualified professional. You are encouraged to review the documentation requirements with the professional who made the diagnosis. Submitting all the necessary documentation the first time will help to expedite the processing of your request.

\_\_\_\_ Complete and sign the accommodation request attached to this Policy as Appendix B.

\_\_\_\_ Return accommodation request along with your psychological evaluation, completed by a qualified analyst, which includes a diagnosis and the scores from your tests of achievement and ability to your local Public Service Training Coordinator.

\_\_\_\_ Wait for the Coordinator review of your request. The Coordinator will mail you a letter indicating whether your request has been granted and, if so, what accommodations you will be provided.

\_\_\_\_ When you receive notification from the Coordinator approving your accommodation request, the notification will include instructions on how to schedule your examination.

\_\_\_\_ Arrive on time at your scheduled examination appointment with a government issued identification with a photo and be prepared to take the examination.

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## **APPENDIX A**

### **RESPONSE TO DISABILITY ACCOMMODATIONS REQUEST**

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Public Service Training has received a request for disability accommodations concerning your certification examination

Your application and submitted documentation concerning your request has been reviewed and the following action has been chosen.

\_\_\_\_ Your request has been granted, you will be contacted by \_\_\_\_\_

\_\_\_\_\_ to establish a test location and time to complete the exam(s).

\_\_\_\_ Your request has been denied due to \_\_\_\_\_

If you have any questions concerning this request or subsequent action, contact us at

\_\_\_\_\_ during normal business hours, \_\_\_\_\_ Eastern Time.  
(phone number) (office hours)

If you disagree with our decision, you may appeal to the West Virginia Department of Education, Adult Education and Workforce Development, Executive Director, 1900 Kanawha Blvd. East, Building 6, Room 230, Charleston WV 25305-0330, phone 304-558-0280.

\_\_\_\_\_  
Public Service Training Coordinator

**APPENDIX B**  
**Accommodation Request**  
**Public Service Training**

The information requested below, any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

**To be completed by applicant**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number including Area Code \_\_\_\_\_

Accommodations are requested for the \_\_\_\_\_ exam.

I am requesting that the following accommodations be provided: (check all that apply)

- Accessible testing site
- Large print
- Audio version of test
- Accommodation for visual impairment or learning disability
- Language interpreter
- Sign language interpreter
- Extended time (standard examination time is one (1) minute per question)
  - Time-and-a-half
  - Double time
  - More than double time (specify) \_\_\_\_\_
- Separate testing area
- Use of computer or other adaptive equipment (specify) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Other \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Please document your medical condition or disability to justify this request (attach additional sheet if necessary)** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Some accommodation requests may require additional documentation**

**APPENDIX C**  
**Documentation of Disability Related Needs**

This section must be completed by an appropriate professional (i.e. education professional, doctor, psychologist, psychiatrist) to certify that the applicant's disabling condition requires the requested test accommodation. Please submit this additional information.

I have known \_\_\_\_\_ since \_\_\_\_\_ in my capacity  
(Test Applicant) (Date)  
as a \_\_\_\_\_  
(Professional Title)

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

- Accessible testing site
- Large print
- Audio version of test
- Accommodation for visual impairment or learning disability
- Language interpreter
- Sign language interpreter
- Extended time (standard examination time is one (1) per question)
  - Time-and-a-half
  - Double time
  - More than double time (specify) \_\_\_\_\_
- \_\_\_\_\_
- Separate testing area
- Use of computer or other adaptive equipment (specify) \_\_\_\_\_
- \_\_\_\_\_
- Other \_\_\_\_\_
- \_\_\_\_\_

**Please identify the applicant's disability and related medical facts to support the accommodation request.** (if necessary, attach additional information on letterhead)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ License No. (if applicable) \_\_\_\_\_