



Juvenile Probation Officer Certification Exam **ACCOMMODATIONS APPLICATION**

Individuals who have one or more conditions covered by the Americans with Disabilities Act Amendments Act of 2008 may apply for exam accommodations. Please review TJJJ's Juvenile Probation Officer Certification Exam Accommodations Application Guidelines for detailed information on TJJJ's application and documentation guidelines. Incomplete documentation will delay processing of your request.

Information regarding exam accommodations decisions will not be released via telephone. All official communications regarding your request will be made in writing using the contact information provided.

In order for your request to be considered, the completed and signed application with supporting documentation must be submitted to TJJJ no later than two weeks before taking the exam. The information must be submitted by certified mail to Texas Juvenile Justice Department, Building H, 11209 Metric Boulevard, Austin, Texas 78758 or by email to Chris.Ellison@tjjd.texas.gov.

Biographical Information

1. **Name:** Last _____ First _____ MI _____

2. **Gender:** Male Female

3. **Date of Birth:** _____

4. **Business Contact Information (we will not tell your employer about your request; this information will be used only if we need to contact an on-site proctor to assist with implementation of any approved accommodation):**

County or Facility: _____

Street Address: _____

City: _____ State: _____ ZIP/Postal Code: _____

Phone: _____ Email: _____

Immediate Supervisor: _____

4. **Personal Contact Information:**

Phone: _____ Email: _____

Nature of Disability

5. Indicate the nature of the disability and the year it was first professionally diagnosed:

- | | | | |
|---|----------------------|--|----------------------|
| <input type="checkbox"/> Hearing Disability | Year Diagnosed _____ | <input type="checkbox"/> Visual Disability | Year Diagnosed _____ |
| <input type="checkbox"/> Physical Disability | Year Diagnosed _____ | <input type="checkbox"/> Learning Disability | Year Diagnosed _____ |
| <input type="checkbox"/> Psychiatric Disability | Year Diagnosed _____ | <input type="checkbox"/> AD/HD | Year Diagnosed _____ |
| <input type="checkbox"/> Other | Year Diagnosed _____ | Please Specify _____ | |

6. In order to document your need for accommodation as completely as possible, please attach, in addition to professional documentation, a personal statement describing your disability and its impact on your daily life and professional functioning. Please be sure to include the following information:

- a. Any limitations on your ability to read;
- b. Any limitations on the amount of time that can be spent for the specific tasks required by the exam (reading and cognitive skills);
- c. A description of how you normally read and process information in the scope of work as a juvenile probation officer, given the nature of your disability, and any current workplace accommodations that you use or have requested.

Accommodations Information

7. What accommodation(s) are you requesting? Accommodation(s) must be appropriate to the disability:

8. If you are requesting additional testing time beyond the assigned 60-minute time limit, please indicate the total amount of time requested as supported by your documentation:

- 75 Minutes (15 extra minutes) 90 Minutes (30 extra minutes) 120 Minutes (60 extra minutes)

Accommodations History

9. Have you received exam accommodations before?

Have you received accommodations for a standardized exam before? Yes No

If yes, accommodations received:

Examination: _____

Month/Year: _____

Accommodations Received: _____

(If extra time, note amount given _____)

Examination: _____

Month/Year: _____

Accommodations Received: _____

(If extra time, note amount given _____)

Attach pages for additional information.

10. Have you received classroom accommodations before?

Graduate/Professional School No Yes, accommodations received:

College No Yes, accommodations received:

Secondary or Elementary School No Yes, accommodations received:

Professional Documentation Checklist

Documentation that is included with your application for test accommodations (check all that apply):

- States a specific diagnosis using professionally recognized nomenclature
- Includes results of evaluation conducted within three years of the date of this request
- Clearly describes the specific diagnostic criteria and names the diagnostic tests used
- Gives a detailed description of current functional limitations due to the diagnosed disability
- Recommends specific accommodations, including assistive devices
- Identifies any accommodations currently used in daily functioning, particularly in the workplace
- Provides contact information and credentials for the professional evaluator
- Includes record of prior accommodation or auxiliary aids
- If no prior accommodations have been provided, includes a detailed explanation as to why they are needed now

All of the applicable information noted above, in addition to your personal statement described in question 6, should be included with this Application Form in order for TJJD to process your request. Incomplete documentation will result in a delay in processing your request.

Agreement and Signature

TJJD will provide reasonable exam accommodations for documented disabilities as required by law. We will protect your privacy for any special accommodations made. Your examination score will not be affected by your request for exam accommodations, whether you receive accommodations or not.

If clarification or further information regarding the documentation provided is needed, I authorize TJJD to contact the professional(s) who diagnosed the disability and/or those entities that have provided me exam accommodations.

I certify that the information above and contained in all attached documents is true and accurate. If exam accommodations provided to me include a deviation from the standard testing time schedule, I agree that, from the time I begin the exam until I have completed it, I will not communicate in any way with any other individuals taking the exam about the content of the exam.

Signature _____

Printed Name _____ Date _____