



OPOTC State Certification Examination Special Accommodations Request and Checklist

STUDENT INFORMATION

Student Name: _____
 School Name: _____ School Number: _____
 Last Day of OPOTC Topics: _____ Curriculum Code: _____
 School Commander: _____ Phone Number: _____
 School Commander Email Address: _____

REQUEST INFORMATION CHECKLIST

The following documentation **must** be included for the request to be considered:

- A specific diagnosis/evaluation including but not limited to an Individualized Education Plan (IEP) or a Multi-Factored Evaluation (MFE) _____
Date of diagnosis/evaluation
- OR**
- Documentation from a licensed professional to include the Medical License Number of the licensed professional evaluator which qualify him/her for making this diagnosis _____
Date of diagnosis/evaluation

Please select the special accommodation(s) being requested:

- 50% extra exam time only
- Separate room only
- Separate room and ***reader** only
- 50% extra exam time and separate room
- 50% extra exam time, separate room, and ***reader**
- Other _____

****Please be aware that Pearson Vue utilizes live, in-person readers and this accommodation will require extra time to schedule.***

This request is time sensitive. Please refer to your respective commander manual, under Special Accommodations Testing Request, for more information. The OPOTC SCE Coordinator will evaluate all requests and contact the School Commander once a determination has been made.

 School Commander Signature Date

****Please submit this form to: OPOTCSCECoordinator@OhioAGO.gov**

OPOTC USE ONLY

Comments:

Approved

Denied

 OPOTC SCE Coordinator Date

EX735
Revised 3/1/24