



# 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 information **must** be included in order for the request to be considered:

- A specific diagnosis/evaluation including but not limited to an IEP or MFE and documentation from a licensed professional
- Attach the credentials to include the Medical License Number of the licensed professional evaluator which qualify him/her for making this diagnosis
- Proof that the diagnosis/evaluation took place within the past **three** years

Please select the special accommodation 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 and separate room and **\*reader**
- Other – Cell Phone and Glucose Testing Supplies

**\*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](mailto:OPOTCSCECoordinator@OhioAGO.gov)**

## OPOTC USE ONLY

Comments:

Approved

Denied

\_\_\_\_\_  
*OPOTC SCE Coordinator*

\_\_\_\_\_  
*Date*

EX735  
Revised 11/04/22