

# Special Accommodations Testing Information & Request Form



**Ohio Peace Officer Training Commission  
SCE Coordinator**

• P.O. Box 309 • London, Ohio 43140 • PHONE: 800-346-7682 •  
[OPOTCSCECoordinator@OhioAttorneyGeneral.gov](mailto:OPOTCSCECoordinator@OhioAttorneyGeneral.gov)

## INTRODUCTION

The Ohio Peace Officer Training Commission (OPOTC) offers Special Accommodations Testing (SAT) for the State Certification Examination (SCE) for students who meet certain qualifying criteria. The following information is designed to assist the Commander in requesting special accommodations.

## WHO IS ELIGIBLE?

Students who have been officially diagnosed with specific mental or physical conditions, including but not limited to:

- Special education/learning disability needs such as Dyslexia, Autism, Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), etc.

Students with a primary language other than English:

- English as a Second Language (ESL) or Limited English Proficiency (LEP) students

## WHAT DOCUMENTS ARE REQUIRED?

The Special Accommodations Request and Checklist (Form EX735) must be completed and submitted by the Commander along with the submission of one of the following documents:

- Individualized Education Plan (IEP) – A detailed description of the educational goals, assessment methods, behavioral management plan, and educational performance of a student requiring special education services.

**OR**

- Multi-Factored Evaluation (MFE) – An in-depth analysis of the student’s psychological and educational functioning. The MFE includes all factors related to learning including intelligence, learning style, specific social or emotional problems and any other factors that can influence one’s ability to learn.

**OR**

- Documentation from a licensed medical professional – Special accommodation documentation must be made by a qualified medical professional whose credentials are appropriate to the disability. Documentation must include the battery of tests administered, dates the tests were administered, diagnosis of disability, specific accommodation requests and all other pertinent information. Please include the qualified professional’s Medical License Number. Examples of qualified professionals include the following:

- |                                   |                                 |
|-----------------------------------|---------------------------------|
| ▪ Family Physician (M.D. or D.O.) | ▪ Optometrist                   |
| ▪ Neurologist                     | ▪ Urologist                     |
| ▪ Pediatrician                    | ▪ Occupational Therapist        |
| ▪ Clinical or School Psychologist | ▪ Audiologist                   |
| ▪ Psychiatrist                    | ▪ Speech and Language Therapist |

The supporting documentation submitted must reflect the most recent evaluation or diagnosis, which must be less than 3 years old from the requested SCE date. Evaluation/diagnosis materials dating back more than 3 years must be accompanied by a current (within the last 3 years) letter from a qualified medical professional that at minimum reconfirms the previously diagnosed condition. (A letter from a family physician is sufficient).

### **WHAT ACCOMMODATIONS ARE AVAILABLE?**

The following accommodations are available. Eligibility will be determined based upon the information submitted:

- Quiet Room – Each examination will be administered on an individual basis.
- Oral Examination – A computer software program with audio speech and text enlargement capabilities is used. Headphones are also available.
- Additional Examination Time – Additional time allotments will be based upon the type of examination administered.

### **HOW DO I REQUEST SPECIAL ACCOMMODATIONS FOR STATE CERTIFICATION EXAMINATIONS?**

Special accommodations are time sensitive and must be requested by the Commander on behalf of the student. Please refer to your respective commander manual, under Special Accommodations Testing Request, for more information. The EX735 (Special Accommodations Request and Checklist) must be submitted along with all proper and current supporting documentation.

This document does not address all learning disabilities that may qualify for special accommodations. The information provided herein serves only as a guide to assist in determining student eligibility for special accommodations for the State Certification Examination.

**FOR FURTHER INFORMATION OR TO SUBMIT A REQUEST, PLEASE CONTACT:**

[OPOTCSCECoordinator@OhioAttorneyGeneral.gov](mailto:OPOTCSCECoordinator@OhioAttorneyGeneral.gov)



# 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:

Oral examination only

Extended time only

Oral examination and extended time

*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 email this form to: [OPOTCSCECoordinator@OhioAttorneyGeneral.gov](mailto:OPOTCSCECoordinator@OhioAttorneyGeneral.gov)**

## OPOTC Use Only

Comments:

Approved

Denied

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

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

EX735  
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