

# STATE CERTIFICATION EXAMINATION



## SPECIAL ACCOMMODATIONS INFORMATION AND REQUEST FORM

**Ohio Peace Officer Training Commission  
Education and Policy Section**

• P.O. Box 309 • London, Ohio 43140 • PHONE: 800-346-7682 • FAX: 866-393-1275 •  
[OPOTCEducationandPolicy@OhioAttorneyGeneral.gov](mailto:OPOTCEducationandPolicy@OhioAttorneyGeneral.gov)

## INTRODUCTION

The Ohio Peace Officer Training Commission (OPOTC) Education and Policy Section 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 School 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

**NOTE: Qualifying medical conditions must have been listed on the students' pre-enrollment physical examination forms.**

## WHAT DOCUMENTS ARE REQUIRED?

The Special Accommodations Request and Checklist (Form EX735) must be completed and submitted by the School Commander along with the submission 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.
- 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 must be requested by the School Commander and submitted no later than 45 days prior to the last day in which OPOTC topics are instructed. The EX735 (Special Accommodations Request and Checklist) must be submitted along with all proper and current supporting documentation.

**\*Special accommodations requests based on medical need must include diagnosis documentation within the last 3 years.**

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 on the State Certification Examination.

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

Phone Number: 800-346-7682

Fax Number: 866-393-1275

Email: [OPOTCEducationandPolicy@OhioAttorneyGeneral.gov](mailto:OPOTCEducationandPolicy@OhioAttorneyGeneral.gov)

Postal Delivery: Ohio Peace Officer Training Commission  
Education and Policy Section  
ATTN: Testing Coordinator  
P.O. Box 309  
London, OH 43140



# 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

*The documentation listed above must be submitted with this form no later than 45 days prior to the last day of the academy. The OPOTC Education and Policy Section will evaluate all requests and contact the School Commander once a determination has been made.*

\_\_\_\_\_  
*School Commander Signature*

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

Please submit this form via fax to 866-393-1275, or email to [OPOTCEducationandPolicy@ohioattorneygeneral.gov](mailto:OPOTCEducationandPolicy@ohioattorneygeneral.gov)

## OPOTC Use Only

Comments:

Approved

Denied

\_\_\_\_\_  
*OPOTC Testing Coordinator*

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

EX735  
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