

- Bureau of Motor Vehicles
- Emergency Management Agency
- **Emergency Medical Services**
- Office of Criminal Justice Services
- Ohio Homeland Security
- Ohio Investigative Unit
- Ohio State Highway Patrol



Emergency Medical Services
1970 West Broad Street
P.O. Box 182073
Columbus, Ohio 43218-2073
(614) 466-9447 • (800) 233-0785
www.ems.ohio.gov

May 27, 2015

TO: Program Directors, Ohio Chartered Fire Training Institutions

FROM: Melvin House, Executive Director
Ohio Division of Emergency Medical Services

REF: Request an ADA Accommodation for Written and/or Practical Examination

Americans with Disabilities Act of 1990 (ADA) allows for reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act for individuals with documented disabilities who demonstrate a need for accommodation.

The purpose of test accommodations is to provide students with full access to the test. However, test accommodations are not a guarantee of improved performance or test completion. The Division of EMS provides reasonable and appropriate test accommodations to individuals with documented disabilities who demonstrate a need for test accommodations.

Test accommodations are individualized and considered on a case-by-case basis. Consequently, no single type of test accommodation (e.g. extra time) would necessarily be appropriate for all individuals with disabilities. Simply demonstrating that an individual meets diagnostic criteria for a particular disorder does not mean that the person is automatically entitled to test accommodations.

Specific test accommodations should be related to the functional limitations. It is essential that the documentation of the disability provide a clear explanation of the current functional limitation(s) and a rationale for each requested test accommodation. A student should work with program directors and instructors who know them to determine which test accommodations are appropriate.

All students who are requesting test accommodations because of a disability must provide appropriate documentation of their condition and how it is expected to affect their ability to take the test under standard conditions. This shall include but not be limited to the following:

- Individual Educational Plan (IEP) dated in the last five (5) years;
- Documentation from a medical or other qualified professional who diagnosed the condition;
- A detailed letter from a certified vocational evaluator who has evaluated the student.

The documentation submitted must contain the following:

- The nature and extent of disability;
- Proposed accommodation;
- Rationale behind the proposed accommodations; and
- Type of accommodations made to the student during training.

The Program Director of the chartered training program is responsible to submit a sign letter with the documentation with the following details.

1. Describe the type of accommodations granted to the student while in the fire training program.
2. Attach the documentation that includes a detailed justification for the proposed accommodation
3. Identify the individual that will be administering the examination. Include their position and experience with administering examinations to those with disabilities granted by the Division of EMS. Such representative shall be approved by the Division of EMS prior to administering the examination. The chartered training program is responsible for ensuring the security of the examination and the integrity of the testing process.
4. Attach a signed statement by the student explaining the type of accommodations they are requesting. The statement must include the following:
 - a. The student legal name;
 - b. Current address;
 - c. Student preference for method of testing (computer or paper).
5. In the event a paper-and-pencil written examination is requested as an accommodation, the chartered fire training program test security policies shall be included with the submitted documentation.

To ensure adequate time to evaluate ADA requests, the accommodation(s) request and all required documentation should be forwarded to the Division of EMS at least thirty (30) days prior to the examination date request.

The student is responsible for arranging and bearing the cost for appropriate evaluation.

The determination and provision of reasonable accommodations involves a process of discussion and negotiation. With the goal of maximizing the independence of the adult learner, the Division of EMS will make a good-faith effort to provide effective accommodations to students with disabilities.

Accommodations are determined on a case-by-case basis depending on the identified needs of the student and analysis of supporting documentation and available resources. Ohio Department of Public Safety employees may be consulted as to whether an accommodation is reasonable given program requirements and structure. The Division of EMS is not compelled to make accommodations which would fundamentally alter the nature of the training or compromise the certification process.

Please contact the Division of EMS Education Section at FireEducation@dps.ohio.gov or (614) 466-9447 with questions or concerns.

ACCOMMODATION REQUEST FOR WRITTEN EXAMINATION

Please type or print the information requested on the front of this page except for your signature. Some accommodation requests may require additional documentation. If additional documentation is needed, please have the appropriate professional complete the reverse side of this form.

Student Information:

Print Student Name: _____

Address: _____

City: _____ State: _____ Phone number: () _____

Email Address: _____

Examination Information:

Accommodation is requested for the following examination: _____
(Level)

to be administered on _____ at: _____
(Date) (Time) (Test Location)

Course ID#: _____ Examination ID#: _____

PLEASE MARK ALL THAT APPLY (Please Justify):

- ___ Separate Testing Area
- ___ Extended Time
- ___ Reader as accommodation for learning disability
- ___ Other: (please specify): _____

Student Signature: _____ **Date:** _____

The applicant has discussed with me the nature of the test to be administrated. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following:

PLEASE MARK ALL THAT APPLY:

- ___ Separate Testing Area
- ___ Extended Time
- ___ Reader as accommodation for learning disability
- ___ Other: (please specify): _____

Program Director's Name (Print): _____ **Charter #:** _____

Program Director Signature: _____ **Date:** _____

NOTE: PLEASE ATTACH ANY OTHER DOCUMENTATION REGARDING THE INDIVIDUAL'S DISABILITY THAT SHOULD BE CONSIDERED IN PROVIDING ACCOMMODATION IN AN EXAMINATION SETTING.