



THE CITY OF SAN DIEGO
 1200 Third Avenue, Suite 300 • San Diego, CA. 92101
 Telephone (619) 236-6400 • Fax (619) 236-6672

REQUEST FOR SPECIAL TESTING ACCOMMODATIONS FOR PERSONS WITH DISABILITIES

The City of San Diego is committed to ensuring that qualified applicants with a need for reasonable accommodations are treated fairly and appropriately when taking Civil Service examinations. Accommodations will be considered only to the extent necessary to give persons with permanent or temporary disabilities an equal opportunity to demonstrate their knowledge and mastery of skills in the examination. Decisions regarding accommodations shall be made by the Personnel Department on a case-by case basis. All documentation provided to the Personnel Department is considered confidential and will be filed separately from the employment application. If you have any questions regarding your request for special testing accommodations, you may call the Testing Division Supervisor at (619) 236-6638, Monday through Friday from 10:00 a.m. to 5:00 p.m. For TDD / TT users, please call (619) 236-6776.

APPLICANT: Please provide the information requested below and on the back side of this form. Documentation supporting your need for special testing accommodations must be submitted on this form to:

Testing Division Supervisor - San Diego City Personnel Department
1200 Third Avenue, Suite 300
San Diego, CA 92101

Exam # _____	Exam Title _____
Name _____	Social Security Number _____ - _____ - _____
Address _____	
(Street)	(City) (State) (Zip Code)
Phone Number(s) _____ - _____	_____ - _____
(home)	(work) (other)

I am requesting special testing accommodations based on my disabilities in the area(s) checked below:

- VISION** **HEARING** **SPEECH**
- HEALTH** (Includes medical problems and or limited physical tolerance).
- MOTOR / ORTHOPEDIC** (Includes limited ambulation and or mobility).
- LEARNING** (Includes disorders that cause difficulties in listening, thinking, speaking, reading, writing, spelling, or performing mathematical calculations).
- MANIPULATIVE / WRITING** **MENTAL / EMOTIONAL**
- OTHER (Specify)** _____

Please describe your functional limitations related to the disabilities checked above:

Based on your disability, what reasonable accommodations do you need in the testing process? (be specific)

BACKGROUND INFORMATION

Have you submitted a prior request for special testing accommodations to the City of San Diego Personnel Department?

Yes No If yes, was your request approved? Yes No

Please provide the name and doctor, agency official, or other person who can verify your disability.

Name _____ Title _____

Agency _____ Phone Number (_____) - -

Address _____

FOR OFFICE USE ONLY: CONTACTED Yes No **VERIFIED?** Yes No **DATE** _____

Do you currently use services of the State Department of Rehabilitation? Yes (Specify below) No

Name of Counselor _____ Title _____

Agency _____ Phone Number (_____) - -

Address _____

FOR OFFICE USE ONLY: CONTACTED Yes No **VERIFIED?** Yes No **DATE** _____

Do you currently use services of any other agency for your disability? Yes (Specify below) No

Representative's Name _____ Title _____

Agency _____ Phone Number (_____) - -

Address _____

FOR OFFICE USE ONLY: CONTACTED Yes No **VERIFIED?** Yes No **DATE** _____

Is there an agency/person that could help provide the accommodations you need? Yes (Specify below) No

Name _____ Title _____

Agency _____ Phone Number (_____) - -

Address _____

FOR OFFICE USE ONLY: CONTACTED Yes No **VERIFIED?** Yes No **DATE** _____

By my signature below, I hereby authorize the City of San Diego to verify my disability, which may include contacting all persons and/or agencies listed on this form. In order to determine my need for special testing accommodations, I understand that only information needed to verify my disability and determine the accommodations required will be requested.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(required ONLY if applicant is a minor)