

ODOT Construction Training Program Testing Accommodations Request Form

If you have a disability and may require a special accommodation in taking any examination required for certification, be sure to complete and submit this form to ODOTConstructionTraining@odot.oregon.gov, at least 7 days prior to the class or exam date.

The information requested below, any documentation regarding your disability, and your need for accommodation in testing will be considered as strictly confidential and will not be shared with any outside source without your express written consent.

| Email Address Daytime Phone Class/Exam Name Class/Exam Date Nature of Your Disability ccommodation(s) requested for the class and tests (check all that apply): Accessible Testing Site Large Print Sign Language Interpreter Separate Testing Area Use of Computer or Other Adaptive Equipment (specify): Extended Time Time and a half Double time | | Name |
|---|---------------------|---|
| Class/Exam Name Class/Exam Date Nature of Your Disability ccommodation(s) requested for the class and tests (check all that apply): Accessible Testing Site Large Print Sign Language Interpreter Separate Testing Area Use of Computer or Other Adaptive Equipment (specify): | | |
| Class/Exam Name Class/Exam Date Nature of Your Disability Ccommodation(s) requested for the class and tests (check all that apply): Accessible Testing Site Large Print Sign Language Interpreter Separate Testing Area Use of Computer or Other Adaptive Equipment (specify): | | Email Address |
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| Accessible Testing Site Large Print Sign Language Interpreter Separate Testing Area Use of Computer or Other Adaptive Equipment (specify): Extended Time | Class/Exam Date | Class/Exam Name |
| Accessible Testing Site Large Print Sign Language Interpreter Separate Testing Area Use of Computer or Other Adaptive Equipment (specify): Extended Time | | Nature of Your Disability |
| Accessible Testing Site Large Print Sign Language Interpreter Separate Testing Area Use of Computer or Other Adaptive Equipment (specify): Extended Time | | |
| Large Print Sign Language Interpreter Separate Testing Area Use of Computer or Other Adaptive Equipment (specify): Extended Time | apply): | ommodation(s) requested for the class and |
| Sign Language Interpreter Separate Testing Area Use of Computer or Other Adaptive Equipment (specify): Extended Time | | Accessible Testing Site |
| Separate Testing Area Use of Computer or Other Adaptive Equipment (specify): Extended Time | | Large Print |
| Use of Computer or Other Adaptive Equipment (specify): Extended Time | | Sign Language Interpreter |
| Extended Time | | Separate Testing Area |
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| ☐ Time and a half ☐ Double time | | Extended Time |
| | | ☐ Time and a half ☐ Double t |
| More than double time (specify): | | More than double time (specify): |
| Other: | | Other: |
| | | |

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