REQUEST FOR ADA ACCOMMODATION

COURT INTERPRETER CREDENTIALING PROGRAM

COMPLETE THIS FORM ONLY IF YOU ARE REQUESTING INDIVIDUAL TESTING ARRANGEMENTS BECAUSE YOU HAVE A DISABILITY RECOGNIZED BY THE AMERICANS WITH DISABILITIES ACT (ADA).

NAME OF APPLICANT: _____
(Please print legibly.)

Address: _____ _____ _____ _____
(Street or P.O. Box) (City) (State) (Zip Code)

Home Phone: _____ Cell Phone: _____

Have you been diagnosed with a disability that is recognized by the ADA: _____ Yes _____ No

If you answered "Yes" to the preceding question, please describe the type of disability:

_____

_____

_____

_____

I hereby request an accommodation which is described on the *DOCUMENTATION OF ACCOMMODATION* attached hereto.

_____ _____
Signature Date

Attach the completed and signed Documentation of Accommodation to this request and submit both documents to:

Administrative Office of Courts
Court Interpreter Credentialing Program
Post Office Box 117
Jackson, Mississippi 39205

FOR OFFICE USE ONLY:

DATE RECEIVED: _____

RECEIVED BY: _____

DOCUMENTATION FOR ACCOMMODATION

COURT INTERPRETER CREDENTIALING PROGRAM

This section must be completed by an appropriate professional (doctor, psychologist, psychiatrist, or education professional) to certify that your disabling condition requires the requested examination accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I HAVE KNOWN _____ **SINCE** _____
(APPLICANT NAME) **(DATE)**

AS A _____**. I HAVE DIAGNOSED OR EVALUATED THE**
(PATIENT OR IN OTHER PROFESSIONAL RELATIONSHIP)

APPLICANT MYSELF, AND I AM NOT RELYING UPON FACTS RELATED TO ME BY THE APPLICANT.
MY DIAGNOSIS IS _____
(DESCRIBE THE MEDICAL CONDITION OR OTHER CONDITION)

_____.

THE APPLICANT HAS DISCUSSED WITH ME THE NATURE OF THE TEST TO BE ADMINISTERED. IT IS MY PROFESSIONAL OPINION THAT BECAUSE OF THIS APPLICANT'S DISABILITY, THE APPLICANT SHOULD BE ACCOMMODATED BY PROVIDING THE FOLLOWING:

(CHECK ONLY THOSE THAT APPLY)

	LARGE PRINT TYPE		**EXTRA TIME (HOW MUCH?)** _____
	SEPARATE TESTING AREA		**EXAMINATION READER**
	OTHER ORAL ADMINISTRATION **(Please describe.)**		**OTHER ACCOMMODATIONS** **(Please describe.)**

_____ _____
Signature of professional **Title of professional**

_____ _____
Printed name of professional **Printed title of professional**

Date: _____ **Telephone:** _____

Administrative Office of Courts Form 11-07