



Testing Accommodations Available for Test Takers with Disabilities or Health-related Needs for the Private Driver Training School (PDTs) Instructor Test

Testing accommodations are available for test takers who meet the [Americans with Disabilities Act Amendments Act \(ADAAA\) disability requirements](#). Test takers requesting accommodations MUST complete a PDTs Instructor Test Accommodation Form and submit it to the Pennsylvania Department of Education (PDE) Attention: Private Driver Training Schools. The form may be submitted via email, at RA-EDDRVED@pa.gov or mail. You must submit your request and have your accommodations approved by PDE before your PDTs Instructor Test may be scheduled. Accommodations cannot be applied to a test that has already been scheduled.

Submit your request as early as possible. Documentation review takes approximately four to six weeks once your request and complete paperwork have been received at PDE. If additional documentation is requested, it may be approximately two to four weeks from the time the new documentation is received until the review is complete. PDE is committed to producing alternate test formats as quickly as possible; however, production times may vary.

The following accommodations are available for PDTs Instructor Test takers:

- Extended testing time
- Rest or breaks
- Human Scribe/recorder of answers
- Human test reader
- Large print test book (14 pt.)
- Large print answer sheet

*Requests for other accommodations not noted above will be reviewed by PDE on an individual basis.



PDTS Instructor Test Accommodation Form

Name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ ZIP _____

Daytime Phone Number _____ Email _____

Do you have a documented disability as defined by the [Americans with Disabilities Act Amendments Act \(ADAAA\)](#)? Yes No

How is your disability and your need for accommodation documented? Please check below the form of documentation you will provide and attach the necessary documentation to this request.

Certification of Eligibility (COE): Accommodations History (see below)

Most recent IEP or 504 Plan from your last school aged program/services

Script signed by a medical doctor

Other: _____

When was your disability first diagnosed? ____/____

Date of professional's most recent evaluation: ____/____

Requested Accommodation(s)

Extended Testing Time (NOTE: All tests are timed; if you are requesting more than 50 percent extended time, documentation must be submitted.)

- 25 percent more time (time and one-quarter)
- 50 percent more time (time and one-half)
- 100 percent more time (double time)

Extra Breaks. Breaks are not included in testing time (can be used for medication, snacks, trips to the restroom, etc.)

Yes

Alternate Test Formats

Large-print test book



- Large-print answer sheet
 - Human reader (available only at test centers)
 - Human scribe (available only at test centers)
 - Other (Please describe) _____
-

Certification of Eligibility (COE): Accommodations History

Applicant's Name _____

The Certification of Eligibility (COE): Accommodations History form serves two distinct purposes:

- To provide verification of an individual's use of accommodations in either college or in the workplace; and
- To streamline approval of certain specific accommodations for most disabilities

A completed COE: Accommodations History will be considered in place of disability documentation only from qualified applicants with a

Learning Disability (LD), Attention Deficit Hyperactivity Disorder (ADHD), Traumatic Brain Injury (TBI), Autism Spectrum Disorder (ASD), psychiatric disabilities and/or physical disabilities, who are requesting 50% extended time or less and/or additional breaks only.

For any other accommodations (i.e. double time, scribe, reader, etc.) applicants must submit disability documentation directly to PDE for review.

This form must be completed and signed by an authorized professional representing one of the following:

- Office of Accessibility/Disability Services at the test taker's college or university
- Human Resources office at the test taker's place of employment; or
- An Office of Vocational Rehabilitation (OVR) in the test taker's state of residence.

Certification of Eligibility: Accommodations History forms completed and signed by members of the applicant's family, or by the individual who diagnosed or is treating the disability, will not be considered.

Provide the following information regarding the disability documentation on file:

Name and credentials of the professional who completed the most recent evaluation. (e.g., Susan Smith, MD, Psychiatrist)

Name _____ Degree _____ Area of Expertise _____

Date of professionals most recent evaluation: _____ / _____ Month Year



Applicant's diagnosed disability or disabilities, as stated in the documentation, for which accommodations have been granted:

Please indicate the accommodations the applicant has received. Extended testing time (NOTE: all tests are timed; if applicant is requesting more than 50% extended time documentation must be submitted). Please check the appropriate box:

25% 50% 100% Other _____

Please list all other approved testing accommodations:

If the candidate used a "reduced distraction testing environment," please describe that environment.

- 1.
- 2.
- 3.
- 4.

During what period of time has the applicant used the above accommodations?

From _____/_____/_____ Month Year To _____/_____/_____ Month Year

Has the applicant used these accommodations for at least one semester or four months?

_____yes _____no

Where has the applicant used the accommodations?

- College/University
- Place of Employment
- Other(indicate): _____

Authorized Professional's Verification Statement

To be signed by an authorized person in the Office of Disability Services, a Human Resources counselor at place of employment or a Vocational Rehabilitation counselor. NOTE: The evaluator who conducted the testing cannot complete this form.

I certify that the accommodations indicated are those that were documented as necessary and approved for the applicant.

I certify that the applicant's documentation supporting the disability or disabilities and the need for specific accommodations meets those criteria and is on file in this office.

In the event that PDE requests a copy of any of the documentation cited above, I agree to send PDE, for its consideration, the complete file of documentation pertinent to establishing the need for these accommodations. I understand that the applicant authorizes the release of this information pursuant to the applicant's verification statement.



Signature of Authorized Professional

Today's Date

Print Name

Title

Name of Institution/Agency/Place of Employment

Address

Telephone Number

Email Address