Documentation of Disability Related Needs

___________________________________________________ has applied and has been approved to take the_________________________ exam administered by the Alabama Department of Environmental Management.

___________________________________________________ has requested special accommodations due to a disability. The exam is 3 hours in length. It is administered at a location with other exam candidates and proctors.

Please complete the following questions so that we may determine what special accommodations, if any, should be granted.

1. What was the date of the individual’s initial visit? __________________________________________

2. What was the diagnosis? ______________________________________________________________

3. What is the extent of the disability? _____________________________________________________

4. What is the length of treatment? (If any) __________________________________________________

5. If medication is used to treat the condition, is the condition successfully under control? ______

6. Did you administer a clinical exam? _____________________________________________________

7. Did you administer a learning/intelligence test? ____________________________________________

8. Does the impairment limit the individual in major life activity* as compared to the general population? _________________________________________________________________

9. Date of last visit? ____________________________________________________________________

10. Based on your diagnosis, should the individual be granted special accommodations? ______

   If yes, check ALL that apply below:
   ____ Wheelchair accessible testing site
   ____ Large print or Braille exams
   ____ Extended time- Specify ____________________________________________________
       (If more than time-and-a half, please justify)
   ____ Separate testing area- please specify __________________________________________
   ____ Taped exams
   ____ Readers or Stenographers to administer or take down test
   ____ Interpreters (Example: Sign language for the hearing impaired)
   ____ Other _____________________________________________________________________

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Comments__________________________________________________________________________

Signed ____________________________________________________________________________

Title ______________________________________________________________________________

Date _____________________________________ License # ________________________________

Daytime Telephone # ______________________________

*Examples of Major Life Activities

Learning
Thinking
Concentrating
Interacting with others
Caring for oneself
Speaking
Performing Manual Tasks
Seeing
Hearing
Sitting
Walking/Running

We request that this form be returned by _______________________ so that we may make arrangements. If you have any questions, please call the Loans and Operator Certification Section, ADEM at (334) 271-7796.