Documentation of Disability Related Needs

		has applied and has been approved to take
		exam administered by the Alabama Department of Environmental
Ma	nagement.	
	ability. The e	has requested special accommodations due to a exam is 3 hours in length. It is administered at a location with other exam candidates and
	ase complete ould be granted	the following questions so that we may determine what special accommodations, if any, d.
1.	What was th	e 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 imp	pairment 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

Documentation of Disability Related Needs Comments Date _____ License # _____ Daytime Telephone # _____ *Examples of Major Life Activities Learning Performing Manual Tasks Thinking Seeing Concentrating Hearing Interacting with others Sitting Caring for oneself Walking/Running Speaking 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.

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