

**City of Los Angeles - Personnel Department  
Accommodation Verification Form**

The City of Los Angeles will provide a reasonable accommodation to individuals who have applied for employment and have requested special testing arrangements in a Civil Service examination due to a limitation(s) caused by a disability or other condition. To properly evaluate a request, it is necessary for us to have information regarding the specific limitation(s) that would cause this candidate to have difficulty in taking our tests. Most written tests are composed of an exercise requiring candidates to type narrative information using a computer or to review multiple choice questions and record answers by filling a small space on an answer form or computer using a mouse. Additionally, written tests usually require candidates to sit from two to four hours.

Verification Form Instructions

- If a candidate requires an accommodation in Section II, then the candidate must only complete Sections I and II.
- If a candidate requires an accommodation in Section III, then the candidate must complete Section I and must request a doctor or other certifying professional to complete and sign Sections III and IV.

**Section I – Candidate Information**

<b>Name:</b>  <i>Last</i> <i>First</i> <i>MI</i>	<b>Last 4 digits of SSN:</b> XXX-XX-
	<b>Exam Title:</b>

**Section II – Potential Accommodations**

Below are potential testing accommodations available to individuals. Please indicate any potential accommodations you may need based on your limitations.

- |  |  |
|--|--|
| <input type="checkbox"/> No stairs                 | <input type="checkbox"/> Table and chair               |
| <input type="checkbox"/> Wheelchair accessibility  | <input type="checkbox"/> Front row or last row seating |
| <input type="checkbox"/> Not able to stand in line | <input type="checkbox"/> Individual test room          |

If you have identified your potential accommodations in this section, you can stop here. Please return this form to the email address or fax number shown below. Personnel Department staff may need to contact you for additional information or documentation to complete your request.

**Section III – Other Accommodations (FOR DOCTOR’S OR CERTIFYING PROFESSIONAL USE ONLY)**

Indicated below are additional testing accommodations available to individuals. A medical provider or other certifying professional must complete this section based on the candidate’s limitations.

Potential Accommodations for Visual Limitations:

- Large print written test booklet
- Large print computer text
- Use of a computer
- Use of candidate provided visual aids
- Proctor assistance to read instructions aloud
- Proctor assistance to record candidate answers

Potential Accommodations for Hearing/Speech Limitations:

- Sign Language interpreter
- Use of computer
- Rest breaks
- Proctor speaking clearly and directly to the candidate

Potential Accommodations for Motor Limitations:

- Use of a computer
- Proctor assistance to record candidate answers

Potential Accommodations for Other Limitations:

- Additional time to take the test at \_\_\_\_%  
(ex. 100% additional time is double or 2x the test time)

Other Recommended Accommodation(s):

**Section IV – Medical Professional Information (FOR DOCTOR’S OR CERTIFYING PROFESSIONAL USE ONLY)**

Information Provided by (Please Print)	Title
Organization	Telephone Number
Signature	Date

(Dated 11/5/21)

**Return completed form to:** City of Los Angeles Personnel Department– E-mail: [per.testing@lacity.org](mailto:per.testing@lacity.org); Fax No.: (213) 473-9119