Texas Commission on Fire Protection
Application for Testing Accommodations
General Instructions and Forms

General Instructions

Special accommodation testing is for those individuals who have a documented disability which may hamper their success on a Texas Commission on Fire Protection written examination. The commission encourages persons with documented, qualifying disabilities to apply for test accommodations. Reasonable test accommodations will be made for qualified applicants with qualifying disabilities. A qualifying disability is one protected under the Americans with Disability Amendments Act of 2008 (ADAAA). The burden of proof lies with the applicant. The applicant must provide proof of the existence of a qualifying disability as well as a justification of the need for, and reasonableness of, the requested accommodation(s).

Listed below are some typical accommodations the commission provides. Other requests are evaluated on a case-by-case basis and in consideration of the job performance requirements related to the career field that is being tested. The list is not all-inclusive and special accommodation requests not identified below are accepted for consideration by the commission, if they are submitted in writing in accordance to procedures outlined in these instructions.

What the commission *can* allow:

- A private testing room (where the examinee is alone and may read the questions aloud). In order to accommodate this request, the examinee will have to test in the agency's Austin headquarters location or in another location deemed appropriate by the commission;
- The test to be split in two parts with up to an hour break in between (no access to the first half of the exam will be allowed during or after the break). In order to accommodate this request, the examinee will have to test in the agency's Austin headquarters location or in another location deemed appropriate by the commission;
- Extended testing time of 30 minutes
- The questions and answer choices to be printed a little larger (approximately 7% larger);
- The test to be copied on off-white paper (i.e. ivory or cream colored);
- The use of highlighters or a highlighter sheet; and
- Any request that changes the condition of the examination or examination process.

If you are requesting special accommodation(s), you must submit documentation from one or more qualified professionals who provide information on the diagnosed disability or disabilities, your current level of impairment, and the rationale for the accommodation(s) requested. In addition, you must submit verifying documentation of your history of accommodations related to that disability or disabilities. All documentation will be retained by the Texas Commission on Fire Protection and may be submitted to one or more qualified professionals for an impartial review. Please note that accommodations that were granted elsewhere may not be approved for the examination you are requesting to take. Considerable weight will be placed on whether the accommodations were granted under similar testing situations.

Requests for accommodations will only be considered after receipt of all required information: testing application, forms, and supporting documentation. Applicants with disabilities are subject to the same application deadlines (e.g., retest dates) as individuals without disabilities. There is no additional application charges for the assessment of the request by the commission, but the applicant is responsible for all costs incurred related to the accommodation request. Because third party input may be sought, Candidates seeking certification examination accommodations must submit a formal request to the Commission as early as possible, and **no later than 45 days prior to the desired initial test date**. Requests submitted after this deadline may result in a delay or denial of the accommodation. If an Application for Testing Accommodations is denied in whole or part, the applicant may appeal the decision of the commission according to the established appeal process outlined in TAC, Chapter 401, Subchapter C.

Steps for Submitting a Complete Request

Complete Form A (Applicant Request for Test Accommodations) and the applicant's portion of each Form B (Disability Verification) being submitted. A separate Form B is required, along with relevant records, from each qualified professional who will provide information on the diagnosed disability or disabilities. All forms and documentation must be submitted together. Important: Some documentation may need to be completed by third parties; therefore, make sure you request timely completion of these forms in order for you to submit your request well in advance of any deadline or test date request.

The testing application, completed forms, and supporting documentation must be submitted to the direct attention of the Training Approval and Testing Manager, Texas Commission on Fire Protection, via one of the following delivery methods:

For US Postal Delivery use (regular or express): P.O. Box 2286 Austin, Texas 78768-2286	For all other delivery services: 4800 N Lamar Blvd., Suite 370 Austin, TX 78756

If you have any questions regarding these instructions or associated forms, please call Joyce Guinn, Training Approval and Testing Manager, at 512-936-3816.

FORM A: Applicant Request for Test Accommodations

NOTICE TO APPLICANT: This form is part of your request for testing accommodations on a Texas Commission on Fire Protection (TCFP) Examination. This form, along with Form B(s), must be filed at the same time as your test application. If additional space is needed to respond to any item, please attach a separate page. A response is required for each question.

Full Name:_____

Date of Birth:_____ TCFP PIN:_____

I. Your Disability Status

a. Check the disability or disabilities for which you are requesting accommodations, only disabilities noted here will be considered.

☐ Learning disability
☐ ADHD
☐ Physical disability
☐ Other (describe)_____
☐ Visual disability
☐ Hearing disability
☐ Psychological disability

b. I was professionally diagnosed with_____(*state specific diagnosis*) in_____(*month*),_____(*year*).

c. This disability is temporary / permanent:_____

d. The diagnosis was made by:

i. Health care provider name:_____
ii. Type of health care provider:_____
iii. Current address:_____
iv. Current City/State/Zip:_____
v. Current phone number:_____Fax:_____

e. List your age when first diagnosed:_____

f. Are you currently being treated? ☐ Yes ☐ No

If yes, provide the name, qualifications, and telephone number of each treating professional.

_____
_____
_____

g. Is the treatment or medication effective in controlling symptoms? ☐ Yes ☐ No ☐ N/A
If no, describe remaining symptoms and any side effects.

_____

_____

_____

II. History of Accommodations (*Supporting Documentation outlined in Step IV must be provided*)

For questions "a through e" below, please follow these instructions:

If you were granted accommodations, check "Yes". List the condition or diagnosis for which accommodations were granted, the specific accommodations, granted, the educational institution or testing agency that granted the accommodations, and the time frame.

If you did not request accommodations, check "Not requested." Explain why you did not request accommodations.

If you were denied accommodations, in whole or part, check "Denied." List the month and year the request was made, the condition or diagnosis for which accommodations were requested, the accommodations requested, the educational institution or testing agency, and the reason given by the entity for the denial. Note: If your request for accommodations was granted in part and denied in part, you should check both "Yes" and "Denied" and provide details to both parts.

If you did not attend the type of school or take the exam listed, check "N/A."

a. Did you receive accommodations for a similar fire service certification or licensing examination in another jurisdiction?
☐ Yes ☐ Not requested ☐ Denied ☐ N/A

_____

_____

_____

b. Did you receive accommodations for any other state license or certification examination within Texas?
☐ Yes ☐ Not requested ☐ Denied ☐ N/A

_____

_____

_____

c. Did you receive accommodations in the school or college in which you received your fire service training to qualify you for the examination you are requesting to take?
☐ Yes ☐ Not requested ☐ Denied ☐ N/A

_____

_____

_____

d. Did you receive accommodations in elementary school, middle school, high school, college (not specific to the test requested), or other similar education institution?

☐ Yes ☐ Not requested ☐ Denied ☐ N/A

e. Did you receive accommodations for any of the following standardized tests?

STAAR	☐ Yes	☐ Not requested	☐ Denied	☐ N/A
TAKS	☐ Yes	☐ Not requested	☐ Denied	☐ N/A
TAAS	☐ Yes	☐ Not requested	☐ Denied	☐ N/A
GED	☐ Yes	☐ Not requested	☐ Denied	☐ N/A
SAT	☐ Yes	☐ Not requested	☐ Denied	☐ N/A
ACT	☐ Yes	☐ Not requested	☐ Denied	☐ N/A

III. Accommodations Requested for The Texas Commission on Fire Protection Examination

For each accommodation you are requesting, explain why the accommodation is necessary and how it alleviates the impact of your disability or disabilities in the context of taking the specific certification examination.

Current approved accommodations (*check only those in which accommodation is sought*):

Accommodation:	Specific Rationale:
☐ A testing room to oneself*	
☐ Test split into parts with up to an hour break in between*	
☐ Larger print (approximately 7% larger)	
☐ Test printed on another color Paper (e.g., off-white paper) *Be specific as to the color.*	
☐ Use of highlighters or highlighter sheets	
☐ Extended testing time of 30 minutes	

Note: The first two items denoted with an * can only be accommodated at the commission's Austin headquarters location or any other location deemed appropriate by the commission.

Additional accommodation requests (please be specific for each request):

IV. Supporting Documentation

Requests for test accommodations must be supported by the following documentation from third parties, which you must provide with your completed Form A: Applicant Request for Test Accommodations.

Medical Documentation

Through the submittal of Form B, provide supporting medical documentation from each qualified professional who conducted an individualized assessment and gave the diagnosis which forms the basis for the request for test accommodations. If you are requesting accommodations based upon more than one disability, you should supply medical documentation to support each disability.

Verification of Accommodation History

Provide verifying documentation of your accommodation history. The documentation must include supporting documentation (e.g., letters) from each education institution or testing agency from which you requested accommodations in the past, whether granted or denied. The documentation must be specific to the type of examination administered and which accommodations were granted or denied.

FORM B: Disability Verification

NOTICE TO APPLICANT:

This section of this form is to be completed by you. The remainder of the form is to be completed by the qualified professional who is recommending accommodations on the examination for you on the basis of a disability. Note: This form needs to be completed by each qualified professional to support your request for accommodations.

Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form. This form MUST be filed with Form A, your testing application, and any other supporting documentation. Please send the information to the direct attention of the Training Approval and Testing Manager, Texas Commission on Fire Protection, via one of the following delivery methods:

For US Postal Delivery use (regular or express):	For all other delivery services:
P.O. Box 2286 Austin, Texas 78768-2286	4800 N Lamar Blvd., Suite 370 Austin, TX 78756

Applicant's full name:_____

Mailing address:_____

Contact phone #:_____

Email address:_____

Date of birth: _____

Date(s) of evaluation/treatment: _____

_____

Texas Commission on Fire Protection Examination Requested:_____

I give permission to the qualified professional completing this form to release the information requested on the form, and I request the release of any additional information regarding my disability or accommodations previously granted that may be requested by the Texas Commission on Fire Protection or consultant(s) of the Texas Commission on Fire Protection.

Signature of applicant:_____Date:_____

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting reasonable accommodations on the above identified Texas Commission on Fire Protection certification examination. All such requests must be supported by a comprehensive written evaluation report from the qualified professional who conducted an individualized assessment of the applicant and is recommending accommodations on the examination on the basis of a documented disability. The remainder of this form must be completed by a licensed physician or other licensed health care provider qualified to diagnose and treat adults with a disability. *If any of the information requested in this form is fully addressed in the comprehensive evaluation report, you may respond by citing the specific page and paragraph where the answer can be found.* Attach a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and accommodations recommendation for the requested Texas Commission on Fire Protection certification examination. We appreciate your assistance.

The Texas Commission on Fire Protection may forward this information to one or more qualified professionals for an independent review of the applicant's request.

Print or type your responses to the items below. **Return this completed form, the comprehensive evaluation report, and relevant records and test results to the applicant for submission to the Texas Commission on Fire Protection.**

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Name of professional completing this form: _____
Address: _____
City/Sate/Zip: _____
Telephone: _____ Fax: _____ Email: _____
Occupation and specialty: _____

License number/Certification/State: _____

Describe your qualifications and experience to diagnose and/or verify the applicant's condition or impairment and to recommend accommodations.

_____

_____

_____

_____

II. DIAGNOIS AND CURRENT FUNCTIONAL LIMITATIONS

a. Provide the date the applicant was first diagnosed with a learning disability:_____

b. Did you make the initial diagnosis? ☐ Yes ☐ No

If no, provide the name of the professional who made the initial diagnosis and when it was made, if known. Attach copies of any prior evaluation reports, test results, or other records related to the initial diagnosis that you reviewed.

_____

_____

c. When did you first meet with the applicant?_____

d. Provide the date of your last complete evaluation of the applicant._____

e. Provide a concise description of your diagnosis. Please include the specific DSM-IV-TR (or most current version) diagnosis:

_____

_____

f. Describe the applicant's current level of functioning and the impact of any functional limitations on the applicant's major life activities. Describe in detail any major life activities (e.g. seeing, hearing, learning, reading, etc.) that are **substantially limited** by the Applicant's diagnosed disability **at the current time**. If there are none, please state this as well.

_____

_____

_____

g. Was the applicant's motivation level, interview behavior, and/or test-taking behavior adequate to yield reliable diagnostic information/test results? ☐ Yes ☐ No

Describe how this determination was made.

_____

_____

Was testing performed to assess the possibility that a lack of motivation or effort affected the test result? ☐ Yes ☐ No

Describe the findings, including the results of symptoms validity tests. If such tests were not administered, please state why.

_____

_____

III. ATTACH A COMPREHENSIVE EVALUATION REPORT. The provision of reasonable accommodations is based on assessment of the *current* impact of the disability on the specific testing activity. Although a disability normally is lifelong, the severity and manifestations can change. The Texas Commission on Fire Protection requires documentation, including diagnoses and recommended accommodations, from an evaluation conducted within the last three years to establish the current impact of the disability. **Attach to this form a copy of the comprehensive evaluation report and all records and test results on which you relied in making the diagnosis and recommending accommodations for the requested state certification examination.**

IV. ACCOMMODATIONS RECOMMENDED FOR THE EXAMINATION REQUESTED

Background information regarding the Texas Commission on Fire Protection (TCFP) Examinations:

The TCFP Examination is a paper examination that consists of multiple choice, matching, and/or true-false questions. During the established TCFP Examination process, the examinee records his or her answers onto a Scantron Answer Sheet within a predetermined time frame using a provided #2 pencil. Some of the examinations (e.g., Fire Inspector and Driver Operator) require the use of a standard 10-key calculator.

Below is information regarding the initial certification examinations offered by the commission:

The longest state certification examination is the Basic Structure Fire Suppression Examination which consists of 225 active questions and may contain one to 25 additional pilot questions (newly developed questions that are placed on an examination for statistical purposes only). The allotted time for this examination is 4 1/2 hours.

A few of the certification examinations (Fire Inspector) is 2 hour exam with 100 active may contain up to 10 additional pilot questions (Arson/Investigator, Aircraft Rescue Fire Fighting, Fire Marshal) are 1 ½ hour examinations with 75 active questions and up to 8 pilot questions. The largest majority of the certification examinations (Marine Fire Suppression, Fire Service Instructor, Fire Officer, HazMat Technician, Driver Operator, Basic Wildland Fire Fighter, Incident Safety Officer, Fire and Life Safety Educator, Incident Commander, Plan Examiner, Rope Rescue) are one hour examinations with 50 active questions and up to 5 pilot questions. The remainder of the certification examinations (Intermediate Wildland Fire Fighter, HatMat Incident Commander) are 30 minute examinations that contain 25 active questions and up to 3 pilot questions.

Taking into consideration these descriptions of the various examinations and the functional limitations currently experienced by the applicant, what test accommodation(s) do you recommend? Please provide specific details (e.g., percentage of extra time).

Accommodation:	**Specific Rationale:**

☐ Other arrangements (e.g., wheelchair access, beverage, food, medication, lamp, magnifying glass, radio, etc.). Describe the arrangements and provide a rationale for the request.

_____

_____

_____

_____

V. PROFESSIONAL'S SIGNATURE AND VERIFICATION

I have attached a copy of the comprehensive evaluation report and all records, test results, or reports upon which I relied in making the diagnosis and completing this form.

If there is some ethical or professional reason that I cannot attach the required records to this **Form B** for return to the applicant, I hereby certify that I will mail the required records directly to the Texas Commission on Fire Protection, directed to the attention of the Training Approval and Testing Division Chief, at the following address: P.O. Box 2286, Austin, Texas 78768-2286. **I understand that the applicant's request for testing accommodations will not be processed with these records.**

I understand that the applicant must file this completed **Form B** at the same time as his/her application for testing, and expedient filing is a necessity. I certify that the information provided by me on this form is true and correct to the best of my knowledge.

I understand that a representative or agent of the Texas Commission on Fire Protection may contact me for clarification of my responses on this form.

_____ _____

Signature of person completing this form | Date signed

_____ _____

Title | Daytime phone number