



# Request for Exam Accommodation

## Learners Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Exam Session Time and Date: \_\_\_\_\_

## Accommodation Requested: Select the accommodation required

☐ Reader – Must submit a reader application

☐ Extra Time (up to an additional hour extra)

## Proof of A.D.A Disability:

The learner must submit the following documentation with the following criteria listed below:

- Include a detailed description of current functional limitations written by a professional in that field evaluating the disability with the learner's full name, date of birth, date of diagnosis or the date of evaluation.
- The document must be current, dated within the last 3 months

Please include all supporting documentation with this form and email it to [Support@homeoftraining.com](mailto:Support@homeoftraining.com). It is important to note that it is the learner's responsibility to submit this request prior to the exam, and processing may take up to 10 business days.

## Home of Training Company Use:

<b>Approved:</b>	<b>Accommodation:</b>
<b>Not Approved:</b>	<b>Reason:</b>
<b>Date:</b>	

This form and required documentation must be emailed to: [Support@homeoftraining.com](mailto:Support@homeoftraining.com),  
10 business days before scheduled exam



## Reader Guidelines:

This application must be submitted to Home of Training at least 10 business days before the exam with the exam accommodation request

## Reader information:

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## As the Reader for the Food Handler Exam, you agree to the following:

- ☐ Agree ☐ Disagree You have no personal relationship with the learner
- ☐ Agree ☐ Disagree You are not a Certified Food Protection Manager or have any personal stake in food
- ☐ Agree ☐ Disagree You may not provide cues or assistance with the selection of the answers to the learner
- ☐ Agree ☐ Disagree You must read the full text on the exam as written, without additions or subtractions
- ☐ Agree ☐ Disagree

## Reader Nondisclosure and Confidentiality Agreement:

### Reader Agreement:

Full Name Printed: \_\_\_\_\_

Reader Signature: \_\_\_\_\_

Date: \_\_\_\_\_