

Request for Exam Accommodation

Learners Informat	tion:
Full Name:	
Telephone Number:	
Exam Session Time an	d Date:
Accommodation R	Requested: Select the accommodation required
□ Reader – Must subm	nit a reader application
☐ Extra Time (up to an	additional hour extra)
Proof of A.D.A Dis	sability:
The learner must subm	it the following documentation with the following criteria listed below:
evaluating the evaluation.	led description of current functional limitations written by a professional in that field disability with the learner's full name, date of birth, date of diagnosis or the date of must be current, dated within the last 3 months
is important to note	upporting documentation with this form and email it to <u>Support@homeoftraining.com</u> . It is the learner's responsibility to submit this request prior to the exam, and the up to 10 business days.
Home of Training	Company Use:
Approved:	Accommodation:
Not Approved:	Reason:
Date:	



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 lea
☐ Agree ☐ Disagree You must read the full text on the exam as written, without additions or subtraction
☐ Agree ☐ Disagree
Reader Nondisclosure and Confidentiality Agreement:
Reader Agreement:
Full Name Printed:
Reader Signature:
Date: