



Department of Public Safety Standards and Training Professional Evaluation and Documentation of Disability

TO BE COMPLETED BY A QUALIFIED PROFESSIONAL

Candidate Name: _____

1. Describe the credentials and years of experience which qualify you to assess, diagnose, and treat the disability and/or medical condition.

2. What is the type of disability that limits one or more of the candidate's major life activities (e.g., physical, mental, learning)?

3. What is the nature and extent of the disability? If a specific learning disability, learning related or psychological disability exists, please provide the DSM-V Diagnosis, and identify the specific assessments used to diagnose the disability.

4. What is the date of your last treatment or consultation with the candidate?

5. What effect does the disability and/or medical condition have on the candidate's ability to perform under standard testing conditions?

6. What is the specific recommended accommodation and how does it relate to the candidate's disability and/or medical condition given the format of the examination?

Evaluator's Name: _____

Title: _____

License/Certification #: _____

Business Name: _____

Address: _____

Phone Number: _____

I attest that the information provided on this form is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

SEND TO:

For Criminal Justice:
DPSST
Attn: Standards and Certifications
4190 Aumsville Hwy SE
Salem, Oregon 97317

For Private Security/Investigator/Polygraph:
DPSST
Attn: Private Professional Certification
and Licensing Program
4190 Aumsville Hwy SE
Salem, Oregon 97317