

## Request for Accommodations at Office of Testing Services

GRE / CBEST / CSET / MAT / PRAXIS / TEAS / TOEFL Exams

### Student Information

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

Primary Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Campus ID Number: \_\_\_\_\_ Exam Date: \_\_\_\_\_

I give Services for Students with Disabilities (SSD) permission to verify the testing accommodations I receive to Testing Services for the following exam(s):

- GRE   
  CBEST   
  CSET   
  MAT   
  PRAXIS   
  TEAS   
  TOEFL  
 Other: \_\_\_\_\_

Note: Test bulletins, registration materials, and deadline dates are available at the Office of Testing Services, Family Food and Science building (FFS), Room 110.

### Authorized Testing Accommodations

#### Testing Aids

- Reader  
 Scribe (Writer)  
 Spelling Aid  
 Color Paper  
 4 Function Calculator  
 Enlarge Exam (129%)  
 Other: \_\_\_\_\_

#### Assistive Technology

- CCTV  
 Computer - MS Word  
 Computer - Dragon  
 Computer - Read&Write  
 Computer - JAWS  
 Computer - ZoomText

#### Room / Time

- Private  
 Quiet  
 Time  
 Time & ¼  
 Time & ½  
 Double Time  
 Restroom Break

Notes: \_\_\_\_\_

### Important

- Requests MUST be made a minimum of 2 weeks in advance. If your request is being submitted after two weeks then know that it is up to the discretion of Testing Services to determine whether accommodations can be approved.
- When you register for these exams, be sure to advise the Office of Testing Services in FFS, 110 that an accommodation approval form will be sent to them from SSD.
- Students receiving testing accommodations must report to FFS, Room 110 the day of the exam.

Student Signature: \_\_\_\_\_

### SSD Office Use Only

- \_\_\_\_\_ • The student is approved for the accommodations as noted above: Any adjustments from original student request have been made and initialed by SSD staff.  
 \_\_\_\_\_ • The student has met the minimum 2 week deadline.  
 \_\_\_\_\_ • The student has not met the minimum 2 week deadline and understands that it is up to the discretion of the Office of Testing Services to determine if the use of the accommodations can be approved.

SSD Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received By Testing Services: \_\_\_\_\_ Date: \_\_\_\_\_