

80 Fort Brown • Brownsville, Texas 78520 • (956) 295-3587 • www.tsc.edu

TSC Testing Accommodation Request Form

Semester: _____ ID# _____ Test Scheduled Date: _____

Name: _____ Date of Birth: _____

Phone: _____ TSC Email: _____

Accommodations requested. Please check all that apply:

Accommodations Approved:

<input type="checkbox"/> Zoom text	<input type="checkbox"/> Zoom text
<input type="checkbox"/> Reader/Narrator	<input type="checkbox"/> Reader/Narrator
<input type="checkbox"/> Distraction Reduced Testing	<input type="checkbox"/> Distraction Reduced Testing
<input type="checkbox"/> Use of basic calculator for math section	<input type="checkbox"/> Use of basic calculator for math section
<input type="checkbox"/> Extended Time _____	<input type="checkbox"/> Extended Time _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Student Responsibilities

1. Submit the appropriate documentation along with the Test Accommodations Request form to the Disability Services Office indicating specific disability, functional limitations, and recommended accommodations from a licensed professional – Psychiatrist, Psychologist, Neurologist, Medical Doctor, School Psychologist, Specialist, or Educational Diagnostician.
2. Students approved for Individual Testing, Readers or Scribes will need to notify the Disability Services Office 1 week in advance to arrange for services. **In addition, students whom have not completed the required steps in scheduling a date with the Testing Department to take the Assessment may experience a delay in receiving services.**
3. Take the Test at your scheduled location.

Disability Services Responsibilities

1. Evaluate medical documentation and determine appropriate accommodations.
2. Contact the Testing Center by email to inform them of your approved services and appointment time/date.
3. Let student know which accommodations have been approved.

Acknowledgement Statement

I understand that accommodations for my placement exam are not automatic. I understand that in order to receive services I must complete this request form and follow the Test Accommodations Request Process to determine my eligibility for accommodations with the DS Office. I further understand that if I wish to receive accommodations for my classes, I must set up an intake appointment. DS Office Contact Information: Phone: (955) 295-3587, Email: disabilityservices@tsc.edu

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

TSC Counselor: _____ Date: _____