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## 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"/> Reader/Narrator <input type="checkbox"/> Distraction Reduced Testing <input type="checkbox"/> Use of basic calculator for math section <input type="checkbox"/> Extended Time _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Zoom text <input type="checkbox"/> Reader/Narrator <input type="checkbox"/> Distraction Reduced Testing <input type="checkbox"/> Use of basic calculator for math section <input type="checkbox"/> Extended Time _____ <input type="checkbox"/> Other _____
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### 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](mailto:disabilityservices@tsc.edu)

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TSC Counselor: \_\_\_\_\_ Date: \_\_\_\_\_