



Special Services Request Form

This form must be used by students requiring special testing procedures. Students should fill out Section One and sign the student agreement below. Section Two should be completed by the campus testing coordinator. Enclose a photocopy of each completed Special Services Request Form when returning *College BASE* materials.

Section One: To be filled out by the student

- 1. Student Name: _____
- 2. Date of Birth: ____/____/____ 3. Sex: Male Female
month day year
- 4. Federal Identification Number (Social Security Number): _____
- 5. Enrollment Institution: _____
- 6. Disabilities, Handicapping Conditions, or Other Special Requests: _____

- 7. Documentation is available from: _____
- 8. Special Services requested:
 - Compact disc with large-print text (Package A)
 - Compact disc with regular-print text (Package B)
 - Compact disc with regular-print text and tactile graphics (Package C)
 - Large-print text (no compact disc)
 - Extended Time Reader Scribe Tactile Graphics
 - Non-Saturday Testing (Requires documentation signed by student's clergy.)
 - Non-native English speaker
 - Other (*Please specify*) _____

Student Agreement

I have accurately described my disabilities, handicapping conditions, or other special requests. I understand that my Special Services Request Form will be reviewed by the Campus Testing coordinator and the statewide *College BASE* coordinator.

Student Signature (Parent's or guardian's if student is unable to sign)

Date

(Please Photocopy)

Section Two: To be filled out by the test coordinator

Based on current documentation, I certify that this student requires accommodation for the following reason(s):

- Hearing Physical Non-native English speaker
- Visual Learning
- Other (*Please explain*) _____

Special Services approved:

- Extended Time Large-type edition Audio version on CD Tactile Graphics
- Reader Scribe Non-Saturday Testing
- Other (*Please explain*) _____

Current documentation of this student's special services request is on file at our institution and has been provided by: (*please check all that apply*)

- Physician(s)
- Psychologist(s)
- Learning disability specialist(s)
- Clergy
- Knowledge of student's native language
- Other (*Please explain*) _____

Signature _____ Date _____

Coordinator's Name Printed _____ School name _____

Mailing address _____ Phone # (____) _____

City _____ State _____ ZIP Code _____

(*Please Photocopy*)