TSI Assessment ACCOMMODATION REQUEST FORM

For Placement Testing in the Assessment (Testing) Office @ NVC

Student Name: _____ Date of Birth _____

Banner ID #: _____ SS#: _____

Date: _____ Email address: _____

Day/Cell phone:_____ Evening phone: _____

I UNDERSTAND that in order to receive special accommodations for my placement exam I must complete this request form and provide documentation of my disability. I understand that the information that I provide to the Access Office is confidential and no one outside of the Access Office will review it. Access Office Contact Information: **Ph: 210-486-4466**, **Fax: 210-486-9093,** email: nvc-access@alamo.edu.

_____ **Student's Initials**

Please circle *agree* or *disagree* below:

I AGREE / DISAGREE to receive an e-mail or phone message from the Access Office regarding approval of my request. In order to preserve confidentiality, I understand the message will not identify the nature of the disability but will address only the accommodations approved.

_____ **Student's Initials**

I am requesting the following special accommodations for my disability during my placement testing in the Testing & Assessment Office at Northwest Vista College.

Please check all that apply:

- ☐ Take exam in sections & / or on different days
- ☐ Use of spell checker on essay portion
- ☐ Use of calculator for math portion
- ☐ Frequent breaks to stand up & move around
- ☐ Raised desk for wheelchair/scooter access
- ☐ Allowed to eat/drink (outside testing room)
- ☐ Reader for exam
- ☐ Scribe for exam
- ☐ Zoom Text
- ☐ JAWS
- ☐ Padded chair with arms
- ☐ Sign Language Interpreter
- ☐ Other: _____

_____

ACCESS OFFICE RESPONSIBILITIES:

1. Evaluate your current documentation from your service provider and determine the extent of required accommodations, no later than four (4) working days.
2. Contact the Testing & Assessment Office by email to inform them of your approved services.
3. Contact you by email to notify you of the services approved.

STUDENT RESPONSIBILITIES:

1. Provide the Access Office documentation from of the disability for which services are being requested.
2. Request services by completing this "TSI Assessment Accommodation Request Form". **NOTE: Students approved for Reader, Scribe or Sign Language Interpreter services will need to notify the Assessment (Testing) Office at 210-486-4346 or 210-486-4144 four (4) working days before services can be provided.**
3. Take the TSI Assessment exam at NVC's Testing & Assessment Office is located on the 2nd floor of Cypress Campus Center, Room 207, **NOTE: Be sure to have some form of picture identification (Student I.D., Texas Driver's License or I.D. Card, etc.).**

Student's Signature: _____ Date: _____