



TSI Assessment Testing Accommodations Request Form

Please submit request forms and all necessary documentation for testing accommodations at least **one month** prior to the selected test date to the Director of Testing on the Athens campus. Testing with accommodations will be conducted on the Athens campus only.

1. Date: _____ SSN/TVIN Number: _____
2. Name: _____
3. Address: _____
City, State, Zip: _____
4. Telephone: _____ Email address: _____
5. TSI Assessment Date: _____ (See Athens campus testing schedule on testing website: <http://www.tvcc.edu/testing/zone.aspx?deptid=201&zoneid=406>)

6. Reason for testing:

- ____ Requirements for entering freshman or first-year students
- ____ Requirements for entry into an educator preparation program
- ____ Requirements for a career school or career college
- ____ Other requirements _____

7. Identify the disability for which you are requesting testing accommodations.

List the specific testing accommodations that you are requesting:

8. Documentation (check one of the following):

____ I am requesting one of the testing accommodations listed below because of a disability.

Medical documentation is not required for the following accommodations:

- Allowance of a medical device (i.e., inhaler) in the testing room.
- Wheelchair-accessible facilities
- Frequent breaks (i. e., for those with hypoglycemia or diabetes)
- Use of a magnifying glass, color overlays, or a straightedge (i.e., for those with visual impairment)
- Use of a pen for a written assignment (i.e., for those with a motor impairment)
- A written copy of the oral directions (i.e., for those with a hearing impairment)



____ I am requesting testing accommodations other than those listed above because of a physical disability (i.e., visual impairment). Therefore, I have enclosed documentation as indicated in "Registering for Testing Accommodations."

____ I am requesting testing accommodations because of a disability other than physical (i.e., learning disability). Therefore, I have enclosed documentation as indicated in "Registering for Testing Accommodations."

9. Previous testing accommodations (check one of the following):

____ I have not previously been granted testing accommodations for the TSI Assessment.

____ For a previous administration of the TSI Assessment, I was granted the same testing accommodation(s) as I am currently requesting. (Indicate the most recent test date: _____)

____ For a previous administration of the TSI Assessment, I was granted different testing accommodation(s) from those that I am currently requesting. Please explain and include the test date:

I agree to abide by the conditions set forth in the Rules of Test Participation, and I certify that I am the person whose name and address appear on this form. I have completed my test registration and submitted correct payment. I am submitting, together with this completed Testing Accommodations Request Form, any required documentation. I understand that the deadline for submission is **one month** prior to the requested test date. I understand and agree that the testing accommodations I have requested herein will be given due consideration. If, and to the extent that, any such request is granted, I understand that I will be taking the test under alternative conditions.

Signature Date

Return this completed form to:

Director of Testing
Trinity Valley Community College
100 Cardinal Drive
Athens, TX 75751

Office Use Only:

Date Submitted: _____
Test Date: _____