



REQUEST FOR Testing ACCOMMODATIONS

Please complete this form so that accommodation for testing can be processed efficiently. The information provided and any documentation regarding the student's disability and need for testing accommodations will be considered strictly confidential and will not be shared with any outside source without the student's express written consent. Submit any documentation that confirms previous testing accommodations instead of completing the "Professional Documentation" portion of this form.

Student ID number: _____

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____ Fax: _____

E-mail: _____

Special Accommodations:

Please provide (check all that apply)

_____ Special seating or other physical accommodations

_____ Magnifying screen for examination

_____ Reader

_____ Extended testing time (normally 1.5 additional hours)

_____ Separate testing area

_____ Other special accommodations (please specify)

Signed: _____ Date: _____

Return this form to:

Renay Herndon
1100 9th Avenue SW
Bessemer, Al 35022

Philana Suggs
3060 Wilson Road
Birmingham, Al 35221

DOCUMENTATION OF DISABILITY-RELATED NEEDS

Students who have a learning disability, a psychological disability, or other disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that the student’s disabling condition requires the requested test accommodation. Student may submit existing documentation of the same or similar accommodation provided during other testing situation instead of completing the “Professional Documentation” portion of this form.

Professional Documentation

I have known _____ since ____ / ____ / ____

Student’s name

Date

in my capacity as a (n) _____.

Professional Title

The student discussed with me the nature of the test to be administered. It is my opinion that because of this student’s disability accommodations should be provided.

Description of Disability:

Signed: _____ Title:

Printed Name: _____

Address: _____

Telephone Number: _____

Date: _____ License # (if applicable): _____

