

Request for Accommodations - Standardized Testing

Two weeks prior to testing, please return this form and documentation of a disability to:

Mail: Coordinator of Disability Services
Grayson College
6101 Grayson Drive
Denison, TX 75020

Fax: Attn: Disability Services
903-465-2275

Please indicate which standardized test will be taken:

TSI Assessment HESI Other _____

Name _____ SS or Student ID # _____

Address _____ City, State, Zip code _____

Phone _____ E-mail address _____

Date of Birth _____

Requested Test Date _____

Accommodations requested for: Physical Disability Learning Disability

Please identify the disability that requires special testing accommodations.

Describe the documentation (verification of disability) being submitted.

Accommodations requested:

Extended testing time (if applicable)

Private room - minimally distracting testing environment

Reader and/or scribe

Frequent breaks (e.g. for those with hypoglycemia or diabetes)

Use of adaptive equipment such as a magnifying device, color overlays, or a straight edge (e.g. for those with vision loss or dyslexia)

Other: Please describe. _____

Please submit appropriate documentation of a disability along with your request for accommodations to the GC Disability Services Office.

Office Use: Approved by _____ Date _____