Shawnee State University

Request for Placement Testing Accommodations

_____

Last Name First Name Middle I.

_____

Mailing Address

_____

City State Zip code

_____

Attending High School Graduation year

_____

Diagnosed Disability

Did you have an Individual Education Plan in High School or a 504 plan? _____

Please explain in detail your limitations and how this would affect your ability to test in a standardized group testing session.

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Please read carefully, sign and date.

I verify the information provided on this form is accurate to the best of my knowledge. I authorize the release of all documentation to James Weaver, Disabilities Coordinator at Shawnee State University. The legal documentation will be used to coordinate with the Testing Administrator to provide all necessary accommodations that are needed to complete Placement Testing at Shawnee State University.

_____

Signature Date