# **COLUMBUS STATE DISABILITY SERVICES**

# PLACEMENT TEST ACCOMMODATION REQUEST FORM

Directions:

* Please complete the attached form, and submit it with the student’s documentation (IEP **and** ETR) to:

[dsdocumentation@cscc.edu](mailto:dsdocumentation@cscc.edu)

* After we receive the student’s documentation, an Advocate will review it and determine appropriate accommodations for the placement test.
* The Advocate will notify the student, via his/her Columbus State email, to call and schedule his placement test.

Providing the student’s documentation only means that he/she will be approved for accommodations on the placement test. It does **not** register the student with Disability Services at Columbus State. The student will meet with his/her Advocate later to complete the process of registering with Disability Services.

If you have any questions or concerns, please contact Disability Services at 614-287-2570.

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| Testing Date: | Testing Location: |
| Student Name: | Date of Birth: |
| High School (currently attending): | |
| Cougar ID: | |
| Student Email (username) (@student.cscc.edu): | |
| Student Personal Email: | |
| Student Phone #: | |
| Intervention Specialist Name & Contact Info: | |
| Accommodations Requested: | |