



**COMMUNITY COLLEGE  
OF RHODE ISLAND**

**CCRI ACCUPLACER Testing Accommodations Form**  
For ACCUPLACER testing at one of CCRI's campus-based testing centers

Today's date: \_\_\_\_\_

Testing Center Location: KN LI FL NP  
(Please circle one – see campus code information below)

Student Name: \_\_\_\_\_  
                            First                    Middle Initial                    Last

CCRI Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
City  State  Zip Code

Day Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

- **I understand** that in order to receive reasonable accommodations for my placement exam I must review all ACCUPLACER testing accommodations information ([www.ccri.edu/dss](http://www.ccri.edu/dss)), complete this request form, and provide documentation of my disability. I understand that the information is provided to the Disability Services for Students (DSS) office is confidential and that no one outside of the DSS office will review it. \_\_\_\_\_ **Student's Initials**
- **I agree** to receive an email or phone message from the DSS office regarding approval of my request. In order to preserve confidentiality, I understand the message will not identify the nature of the disability but will address the accommodations approved. \_\_\_\_\_ **Student's Initials**

Knight (KN) DSS Office 400 East Avenue Warwick, RI 02886-1807 Tel: (401)825-2164 Fax: (401) 825-1148 E-mail: amhitterobinson@ccri.edu	Liston (LI) DSS Office One Hilton St. Providence, RI 02905-2304 Tel: (401)455-6064 Fax: (401)455-6181 E-mail: mlussier3@ccri.edu	Flanagan (FL) DSS Office 1762 Louisquisset Pike Lincoln, RI 02865-4585 Tel: (401)333-7329 Fax: (401)333-7111 E-mail: hducharme@ccri.edu	Newport (NE) DSS Office One John H. Chafee Blvd. Newport, RI 02840 Tel: (401) 851-1650 Fax: (401) 851-1627 E-mail: dss@ccri.edu
---	---	--	--

I am requesting the following reasonable accommodations for my disability during my ACCUPLACER testing in the Testing Center at the Community College of Rhode Island. Please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Extended testing time on written essay (1.5) | <input type="checkbox"/> Trackball mouse   |
| <input type="checkbox"/> Extended testing time on written essay (2.0) | <input type="checkbox"/> Use of a reader   |
| <input type="checkbox"/> Alternate Test Format                        | <input type="checkbox"/> Use of a scribe   |
| <input type="checkbox"/> Ergonomic Keyboard                           | <input type="checkbox"/> Sign-Language Interpreter (Assistance for Spoken Directions only) |
| <input type="checkbox"/> Screen Display Enlargement                   | <input type="checkbox"/> Use of a Spell-Checker for Essay Section                          |
| <input type="checkbox"/> Separate distraction-reduced location        |  |

**DSS Office Responsibilities:**

1. Evaluate your current documentation from your service provider and determine the extent of required accommodations, not later than five (5) working days.
2. Contact the CCRI Testing Center by email to inform them of your approved services.
3. Contact you by email to notify you of the services approved.

**Student Responsibilities:**

1. Provide the DSS office with supporting documentation for the reasonable accommodations request.
2. Request services by completing this CCRI ACCUPLACER Accommodations Request Form. Please note: Students approved for Reader, Scribe or sign language Interpreter services will need to allow at least five (5) working days before services can be provided.
3. Take the ACCUPLACER at a CCRI Testing Center. Please be sure to have some form of picture identification (CCRI Student ID, Driver's License, Non-Driver's ID., etc.)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_