

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 NE FL
(Please circle one – see campus code information below)

Student Name: _____
First Middle Initial Last

CCRI Student ID#: _____

Address: _____
Apt. #

Date of Birth: _____

City State Zip Code

Day Phone: _____

E-mail 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), complete this request form, and provide documentation of my disability. I understand that the information that 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 e-mail 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: dss@ccri.edu	Liston (LI) DSS office One Hilton St. Providence, RI 02905-2304 Tel: (401) 455-6064 Fax: (401) 455-6181 E-mail: lmacaruso@ccri.edu	Flanagan (FL) DSS office 1762 Louisquisset Pike Lincoln, RI 02865-4585 Tel: (401) 333-7329 Fax: (401) 333-7482 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: ehshea@ccri.edu
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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:

- Extended testing time on written essay (1.5)
- Extended testing time on written essay (2.0)
- Alternate Test Format
- Ergonomic Keyboard
- Screen Display Enlargement
- Separate distraction-reduced location
- Trackball mouse
- Use of a reader
- Use of a scribe
- Sign-Language Interpreter (Assistance for Spoken Directions Only)
- Use of Spell-Checker for Essay Section

DSS Office Responsibilities:

1. Evaluate your current documentation from your service provider and determine the extent of required accommodations, no 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 I.D., Driver's License, Non-Driver's I.D., etc.)

Student's Signature: _____

Date: _____

