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)
CCRI Student ID#: ______________________

Student Name: _______________________________________
First                             Middle Initial     Last

Address: ____________________________________________
Apt. #
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

<table>
<thead>
<tr>
<th>Knight (KN) DSS office</th>
<th>Liston (LI) DSS office</th>
<th>Flanagan (FL) DSS office</th>
<th>Newport (NE) DSS office</th>
</tr>
</thead>
<tbody>
<tr>
<td>400 East Avenue</td>
<td>One Hilton St.</td>
<td>1762 Louisquisset Pike</td>
<td>One John H. Chafee Blvd.</td>
</tr>
<tr>
<td>Warwick, RI 02886-1807</td>
<td>Providence, RI 02905-2304</td>
<td>Lincoln, RI 02865-4585</td>
<td>Newport, RI 02840</td>
</tr>
<tr>
<td>Tel: (401) 825-2164</td>
<td>Tel: (401) 455-6064</td>
<td>Tel: (401) 333-7329</td>
<td>Tel: (401) 851-1650</td>
</tr>
<tr>
<td>Fax: (401) 825-1148</td>
<td>Fax: (401) 455-6181</td>
<td>Fax: (401) 333-7482</td>
<td>Fax: (401) 851-1627</td>
</tr>
<tr>
<td>E-mail: <a href="mailto:dss@ccri.edu">dss@ccri.edu</a></td>
<td>E-mail: <a href="mailto:imacaruso@ccri.edu">imacaruso@ccri.edu</a></td>
<td>E-mail: <a href="mailto:hducharme@ccri.edu">hducharme@ccri.edu</a></td>
<td>E-mail: <a href="mailto:ehshea@ccri.edu">ehshea@ccri.edu</a></td>
</tr>
</tbody>
</table>

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: ___________________________