



HARRISBURG AREA COMMUNITY COLLEGE
Office for Disability Services

Testing Accommodation Request

To Be Completed By Student: Today's Date: _____

Student's Name: _____

Student's Phone Number: _____

Course Title: _____ **Instructor:** _____

Accommodations needed for this test (please circle): Limited Distractions Extended Time

Computer Reader Calculator Scribe Other: _____

Have you talked with your instructor about this request for test accommodations?

yes no

******* Instructor - Please Complete Information Below*******

Today's Date: _____ Instructor: _____

Student's Name: _____

has requested to take a test with accommodations in the Test Center. **Please complete the Instructor section of this form and attach it to the test when you deliver the test to the Test Center.** Please call x3021 if you have any questions.

Test Expiration Date: _____

Regular time allowed for test: _____ minutes

Check items that apply to the test:

Notes allowed Open Book Calculator allowed

All test materials must be returned (including scratch paper)

Other : _____

*******Test Proctor Use Only*******

Rcvd by: _____ Date: _____ Date Ret: _____ DB: _____

Proctor _____