



Disability Support Services (DSS)

Student Services - Building 215, Room 111

(254)526-1195; Fax (254)526-1700; Website: www.ctcd.edu/disability-support

REQUEST FOR TSI, HESI, or CTC STANDARDIZED TESTING ACCOMMODATIONS

Student's Name: _____

Student's Telephone Number: _____

Student's Email Address: _____

TSI, HESI (specify HESI test type), Standardized testing accommodations being requested: _____

I understand that all TSI, HESI, or Standardized testing accommodation requests will be reviewed on a case by case basis and this request must be made at least **4 weeks** prior to the test date to allow DSS adequate time to review my request. I further understand that I am required to submit medical documentation to substantiate my disability for the testing accommodation being requested. I understand that the medical documentation that I am required to submit must contain all of the following information or it will not be accepted by DSS:

- It must include a signed statement on an official letterhead by a qualified professional whose license/credentials are appropriate to diagnose the disability.
- It must include a diagnosis of the disability or disabilities for which testing accommodations are being requested and summary of tests (and test results) that were used to determine the diagnosis.
- It must include recommended test accommodations that are specifically related to the disability and are reasonable within the context of the HESI and rationale for the test accommodation.

If my request is approved, my medical records will be kept on file for one year. For future TSI, HESI, or Standardized test requests with the same accommodations, I only need to submit this form. If I ask for different accommodations, additional medical documents will be required to support the request. I'll get an email about approved accommodations before the test. No accommodations will be given without approved disability documentation. I understand that submitting this request and providing documentation of a disability does not guarantee that my request will be approved. Email form to the DSS Director, Dr. Christy Shank Cshank@ctcd.edu, submit this form in person, or fax to 254-526-1700.

Student's Signature

Date