



YORK TECHNICAL COLLEGE
Special Resources Office

**Placement Testing Accommodations
Request Form**

Name: _____

SSN: _____ - _____ - _____ Date: _____

Address: _____

Phone Number: () _____

Accommodations requested are for the _____ examination.

Please check all that apply:

- Braille**
- Large-print text**
- Taped text**
- Reader** as an accommodation for visual impairment
- Scribe** as an accommodation for visual or motor impairment
- Oral administration** as an accommodation for a learning disability
- Scribe** as an accommodation for learning disability
- Sign language interpreter**
- Separate testing area**
- Extended time:**
 - Time-and-a-half Double time
 - More than double time (specify time length): _____
- Use of adaptive equipment** (specify): _____
- Other** (specify): _____

Comments: _____

Please submit documentation of your disability with this request form. Documentation **must include** a diagnosis from a **medical doctor or psychiatrist** and **may** include your Individual Educational Plan (IEP), which is no more than three (3) years old. "Documentation of Disability" forms for this purpose are available from the Special Resources Office.