

Placement Testing Accommodations Request Form

Eastern Maine Community College complies with all requirements as set forth by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act of 1990 and Amendments of 2009.

To receive accommodations based on a documented disability, it is critical that you return this completed form to the address at the bottom of this page prior to your test date. *If no accommodations are required, you may disregard this form.* Requests for accommodations received on the day of your scheduled test appointment may not be possible due to timeliness. Testing appointments may need to be rescheduled in order to accommodate you.

A professional who has worked with you extensively such as a school psychologist, special education teacher, psychiatrist, or school counselor may fill out this form and submit it to Liz Saucier, Coordinator of Services for Students with Disabilities at esaucier@emcc.edu or by mail. The information requested below and any documentation regarding your disability are confidential and will not be shared with any outside source, including the Enrollment Center.

Student's Name: _____ **Telephone:** _____

Address: _____ **Student ID#:** _____

TO BE COMPLETED BY PROFESSIONAL:

Based on my professional assessment of the above-named individual, whose specific disability is *(Name Specific Disability)* _____, I recommend that he/she be accommodated by the following:

- | | |
|--|---|
| <input type="checkbox"/> Wheelchair accessible testing site <input type="checkbox"/> Braille <input type="checkbox"/> Enlarged Font <input type="checkbox"/> Reader or text to speech software <input type="checkbox"/> Scribe (entire assessment is computerized) | <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> Reduced Distraction testing area <input type="checkbox"/> Calculator <input type="checkbox"/> Other adaptive equipment _____ <input type="checkbox"/> Other accommodation _____ |
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NOTE: Extended time is not offered as an accommodation because the assessment is not timed; students typically take no longer than 2 hours to complete this test. Extended time is available, but test times must not exceed 4 hours.

Printed Name of Professional: _____ Title: _____

Signature of Professional: _____

Address: _____ Telephone: _____

School/Organization: _____

License # (if applicable): _____ Date: _____

Please return to: **Liz Saucier, Coordinator of Disability Services**
Eastern Maine Community College
354 Hogan Road, Bangor, ME 04401
Maine Hall, Student Success Center, Room 121A
Email: esaucier@emcc.edu
Fax: 207-974-4868
TTY: 207-974-4844