SERVICES FOR STUDENTS WITH DISABILITIES
TESTING AND EVALUATION SERVICES
REQUEST FOR PLACEMENT EXAM ACCOMMODATIONS

The Request for Placement Exam Accommodation Form must be completed by the student requesting the accommodation. This information and the student’s signature are required so Services for Students with Disabilities (SSD) staff has permission to speak with the Testing and Evaluation Services (TES) staff. Requests will not be processed until both the Request for Accommodations and supporting medical documentation completed by a qualified clinical professional or health care provider have been submitted to the Services for Students with Disabilities office. Guidelines for documentation can be found on the SSD website at http://ddce.utexas.edu/disability/ under Forms and Documents.

Mail: The University of Texas at Austin
Services for Students with Disabilities
100 W. Dean Keeton St. A4100
Austin, TX 78712-0175

Fax: 512-475-7730
Phone: 512-471-6259

Student Name: ____________________________________________
(Last) ____________________________________________
(First) ____________________________________________
(Middle) ____________________________________________

Student EID: ____________ Email Address: ____________________________

Phone number: ________________________________

Are you a current UT student?    Yes_____ No____   Are you registered with SSD? Yes____ No____

Type of Placement Exam: ____________________________________________

Date of Placement Exam (if known): ____________________________________________

Accommodation(s) Being Requested:
(check all that apply):
☐ Time and a half on quizzes/exams (1.5x) unless speed is the factor being tested
☐ Double time on quizzes/exams (2x) unless speed is the factor being tested
☐ Reduced distraction testing environment
☐ Use of computer for exams
☐ Adaptive software (JAWS, CCTV, etc.) for testing
☐ Other (please describe): __________________________

By my signature I affirm that all personal statements and documents that I am submitting in support of my application are true and correct. I understand that falsifying or misrepresenting facts or information may result in disciplinary action. I authorize Services for Students with Disabilities staff to release disability related information to TES Staff as it relates to my request for accommodations. I understand my request for accommodations will not be processed until I have submitted disability documentation meeting SSD’s guidelines (http://ddce.utexas.edu/disability/documentation-guidelines/).

Student Signature: ____________________________________________ Date: ____________

For Office Use Only

Accommodation(s) Approved by SSD:
☐ Time and a half on quizzes/exams (1.5x) unless speed is the factor being tested
☐ Double time on quizzes/exams (2x) unless speed is the factor being tested
☐ Reduced distraction testing environment
☐ Use of computer for exams
☐ Adaptive software (JAWS, CCTV, etc.) for testing
☐ Other: __________________________

By SSD Staff: __________________________ Date Sent to TES: ____________