



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

Request for Testing Accommodations *Office of Testing Services*

Testing accommodations are available to students with documented disabilities. Students are obligated to self-identify, and students must request their accommodations before scheduling their exam. **Note:** This form is exclusively for test takers requesting accommodations for CLEP, HESI and TSI exams administered by the Office of Testing Services at Prairie View A&M University. Accommodation requests for other exams administered by the Testing Services office at Prairie View A&M University should be requested through the Testing Agency for approval.

Procedures and Submission Information

STEP 1 – Complete all sections of the Test Accommodations Request Form

STEP 2 – Obtain Supporting Disability Documentation that meets the following criteria (listed below): You are required to submit supporting documentation from the medical authority or learning institution that rendered a diagnosis of a current substantial limitation to physical or mental (academic) functioning. **Note:** For a temporary disability, the documentation should clearly indicate the impact of the disability as well as the anticipated length of the recovery. Temporary disabilities are evaluated on a case-by-case basis and test administration.

1. Establish the professional credentials of the evaluator (for example, licensure; certification; area of specialization), must be typed or printed on official letterhead and signed by an evaluator qualified to make the diagnosis, and include name, title, and phone number of medical authority or specialist.
2. Clearly state the diagnosed disability or disabilities. Diagnosis should be made by a person with appropriate professional credentials and specific.
3. Description of the disability which details the extent of the disability, the criteria for the diagnosis, the diagnosis, the type and length of treatment, documentation must:
 - i. Provide relevant educational, developmental, and medical history.
 - ii. Describe the comprehensive testing and techniques used to arrive at the diagnosis.
 - iii. Describe the functional limitations. Explain how the disability impacts the student's daily functioning and ability to participate in the test.
4. Describe the specific accommodation(s) requested, as it pertains to testing. Including the amount of extended time required or the maximum amount of time the student can be tested in a day, if applicable. State why the disability qualifies the student for such accommodations on standardized tests.
5. Be current. The evaluation and diagnostic testing must have taken place within five years of the request for accommodations. For psychiatric disabilities, an annual evaluation update must be within one year of the request for accommodations. For visual disabilities, documentation should be within two years, and for physical/medical, an update must be within one year from the time of the request.

Note: Acceptable documentation may include: a current formal plan, such as an Individualized Education Plan (IEP) or 504 Plan, or a signed statement from an appropriate professional that meets the documentation guidelines (listed above), describes the disability, and verifies the need for testing accommodations.

STEP 3 – Submit Completed Request Form & Supporting Documentation to the Office of Testing Services via Email at aetesting@pvamu.edu. Subject of the email should read “**Testing Accommodations Request**”. **Important:** Use of the website suggested herein is not a guarantee of the documents independently, security of the requestors machine, or the network(s) which the requestors machine may reside when performing the transmission. The Office of Testing Services only guarantees the security and confidentiality of the documents after they have been successfully and securely transmitted to the Office of Testing Services.

STEP 4 – Form(s) and Documentation are reviewed by the Offices of Testing Services and the Office of Disability Services to determine if the student qualifies for the testing accommodations requested based on the supporting documentation. *Do not schedule your testing appointment with the Office of Testing Services until you have receive approval about your test accommodations.* We will require sufficient time to evaluate the request and implement the appropriate accommodations. Typically, a response to an accommodation request is given within 7 to 10 business days. The accommodation itself may take longer to arrange and is subject to availability of staff and resources.

STEP 5 – Student will be contacted by the Office of Testing Services to discuss approved accommodations, testing options, and scheduling a test date and time.

Test Accommodations Request Form

The following form must be completed and submitted to the Office of Testing Services with all supporting documentation for your request for testing accommodations to be reviewed. All information is to be used for the sole purpose of processing testing accommodation requests for the following exams: CLEP, HESI, and the TSI.

SECTION 1 – PERSONAL INFORMATION

First Name: Last Name:

Phone:

Email:

Address:

SECTION 2 – REQUESTED ACCOMMODATION(S) FOR EXAM

- **CLEP exams** are computer-based, timed tests. A paper-based option may be available for students with documented disabilities that state they are unable to complete a computer adaptive assessment.
- **The HESI A2 exam** is a computer-based exam. Testers are allotted four (4) hours to complete the following sections on the exam: Reading Comprehension, Critical Thinking, Anatomy & Physiology, Math, and Grammar.
- **The TSI assessment is an untimed**, computer-based exam, but there are paper-based versions for students with documented disabilities that state they are unable to complete a computer adaptive assessment.

Exam(s) that you are requesting test accommodations for (check all that apply):

- CLEP
- HESI A2
- TSI

List of Test Accommodations (Test taker should check all that apply for their exam)

- Extended Time
- Reader
- Breaks
- Scribe
- Screen Magnification
- Paper-Based Exam*
- Other Accommodations – please describe below:

Reminders about Test Accommodations for Exams:

- If other accommodations are required that our outside of the scope of the approval of our institution, candidate(s) may then be requested to submit their requests in writing along with the proper documentation for evaluation to the testing agency.
- Readers or Interpreter may not interpret questions for the test taker, nor can they enter answers for the test taker on the computer or paper based forms.
- If a tester is taking a World Language CLEP exam, the time extension is applied to the response time, not to the time during which the exam questions are presented.
- * There is not a paper-based option for the HESI A2 exam.
- * Braille, large-print, and CD format options are available for paper-based testing for the TSI exam.

SECTION 3 – PREVIOUS ACCOMMODATION(S)

Please answer the following questions and provide a description of any previous testing accommodations received on a standardized test.

- 1. Have you previously received test accommodation on any standardized exam?
Select from list.**

- ACT
- Advanced Placement
- CLEP
- International Baccalaureate
- SAT
- STARR
- If other, please describe:**

- 2. What accommodations have you utilized in the past? Describe:**

SECTION 4 – AUTHORIZATION TO RELEASE PROFESSIONAL CONFIDENTIAL INFORMATION

The primary purpose of this release is to help ensure testers receive test accommodations, or other ADA approved accommodations. It will be in effect for a duration of one academic year, which starts from September 1 and ends on August 31st of the following year. Please do not leave any documentation with this office that you do not want released to other professionals

I, _____ give my permission to the Office of Testing Services at Prairie View A&M University to receive full medical, educational, or other pertinent information from appropriate professional agencies or sources. In addition, authorize the professional staff members of the Office of Testing Services and/or the Office of Disability Services at Prairie View A&M University to release information about me to:

- Appropriate test proctor(s) administering the exam on a need-to-know basis only.
- Standardized testing agents (e.g., for the College Board, Elsevier, or Accuplacer.) as needed.
- Other educational agency of higher learning or virtual proctoring company as needed. ***TSI Tester(s)***: This applies to testers taking the TSI exam with a remote proctor out of state for our institution. ***TSI and HESI Tester (s)***: This applies to testers taking the exam with the virtual testing proctoring companies utilizes as testing options by the Office of Testing Services to administer exams to students. **Note**: This does not apply for CLEP testing as the only available option with the institution for testing is in-person with testing staff.

RESTRICTIONS: As with our own records, any information you authorize other professionals to release to this facility will be held strictly confidential.

Signature: _____

Date: _____

Signature of Witness: _____

Date: _____

SECTION 5 – APPLICANT AUTHORIZATION

I attest to the fact that the information recorded on this application is true, and if this application is not sufficient, I agree to provide the Office of Testing Services with any additional information or documentation requested in order to evaluate my request for accommodations. I also give permission to release to the Office of Testing Services a copy of any pertinent information required to establish the need for the accommodation(s) requested herein. If the information provided in support of this application is not sufficient, I authorize the Office of Testing Services to obtain additional information from the professionals who treated or evaluated my disability.

I understand that all information that is necessary to process this application must be available to the Office of Testing Services in a timely manner, to provide enough time to evaluate my request, process my request, and arrange my approved accommodations. I acknowledge that the Office of Testing Services reserves the right to make a final determination as to whether any accommodation is warranted and appropriate. I also understand I am limited to testing in the United States and its territories and may receive limited or no accommodations if I choose to test in an international location.

I understand that my documentation will be reviewed by the Office of Disability Services at Prairie View A&M University, who will provide recommendations for my testing accommodations to the Testing Services office. By submitting my request for accommodations, I provide my consent to the Office of Testing Services to share my application and supporting documentation with the Office of Disability Services for review and consideration as deemed necessary by the Testing Services office.

Applicant Signature: _____ **Date:** _____