

Request for Accommodations for the Accuplacer Placement Exam

Today's Date					
Student's Name		Student	Student ID		
Birthdate		Phone	Phone Number		
Email		Street A	Street Address		
		<u>City</u> , Sta	ate and Zip Code		
Tł			Please indicate your requested test date here. This does not guarantee the date, but we will do ur best to accommodate your request.		
Do you know whic	h tests you need t	o take?			
	□ Math	□ Reading		<ul><li>☐ Computer</li><li>Skills</li></ul>	
Accommodations Requested (Please mark any that are needed) Please note that the Accuplacer test is not timed.					
<ul><li>Low</li><li>Distraction</li><li>Location</li></ul>	□ Calculator	<ul><li>Audio</li><li>Version of Math</li></ul>	<ul> <li>Audio</li> <li>Version of</li> <li>Reading</li> </ul>		
<ul> <li>Audio</li> <li>Version of</li> <li>Writing</li> </ul>	Math Scribe (someone to write Math steps, no clues)	□ Braille	☐ MS Word (Easier to see entire essay on screen, spell check available		

Other (List any other accommodations that are needed):

Test Location (At which location do you plan to test?)

□ Aspen
 □ Glenwood
 □ Carbondale
 □ Spring Valley
 □ Rifle
 □ Edwards
 □ Dillon
 □ Steamboat
 □ Leadville

□ Buena Vista □ Breckenridge

Please Submit Documentation of your Disability with this Request Form.

Email or drop off completed form along with documentation of disability to the Disability Coordinator at your campus. (The Disability Coordinators at each campus are listed below)

Each campus and On-line Learning has a Disability Services Coordinator assigned to work with you. To contact a Disability Services Coordinator, find the campus you plan to attend and contact that representative.

## Elisha Colson

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