

**HAWKEYE COMMUNITY COLLEGE
STUDENT REASONABLE ACCOMMODATION REQUEST
FOR ACCUPLACER**

NAME: _____ SSN: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

STARTING DATE AT HCC: _____

THIS FORM SHOULD BE COMPLETED WHEN A STUDENT WANTS TO REQUEST A REASONABLE ACCOMMODATION FROM THE COLLEGE. UPON COMPLETION, THIS FORM MUST BE DELIVERED TO THE SPECIAL NEEDS COORDINATOR AND KEPT SEPARATE FROM THE STUDENT'S GENERAL ENROLLMENT FILE.

TO BE COMPLETED BY THE STUDENT. IT IS THE RESPONSIBILITY OF THE STUDENT TO PROVIDE DOCUMENTATION OF A DISABILITY. REQUESTS WILL ONLY BE REVIEWED ONCE DOCUMENTATION HAS BEEN RECEIVED.

1. IDENTIFY AND DESCRIBE THE LEARNING, PHYSICAL OR MENTAL DISABILITY, ILLNESS, CONDITION, OR DISEASE WHICH IS THE BASIS FOR YOUR REQUEST FOR REASONABLE ACCOMMODATION(S) BY THE COLLEGE:

2. CHECK THE ACCOMMODATION(S) YOU ARE REQUESTING.

Testing Accommodations for: _____ **MATH** _____ **WRITING** _____ **READING**

_____ **Interpreters (Sign Language)** _____ **Separate Testing Room**

_____ **Enlarged Screen Font Size** _____

_____ **Tests Read/Audio Test**

_____ **Scribe for Writing Sample**

_____ **Braille Test**

_____ **Other** _____

_____ **Other** _____

SIGNATURE: _____ DATE: _____

COMPLETE AND RETURN TO:
Student Services, Special Needs Coordinator
Hawkeye Community College
P.O. Box 8015
Waterloo, IA 50704-8015
PHONE: 1-800-670-4769 * PHONE: 319-296-4014
FAX: 319-296-1028
EMAIL: specialneeds@hawkeyecollege.edu