



## TSI Assessment Accommodation Request Form

CBC Testing Location (Choose One): \_\_\_\_\_ Alice \_\_\_\_\_ Beeville \_\_\_\_\_ Kingsville \_\_\_\_\_ Pleasanton

Semester: \_\_\_\_\_ CBC ID# \_\_\_\_\_ TSI Scheduled Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### What accommodations are you requesting for your TSI Placement Test?

#### Please check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Take exam in sections and / or on different days | <input type="checkbox"/> Reader for exam                          |
| <input type="checkbox"/> Individual Testing (Testing Alone)               | <input type="checkbox"/> Use of basic calculator for math section |
| <input type="checkbox"/> Scribe for exam                                  | <input type="checkbox"/> Zoom Text                                |
| <input type="checkbox"/> Frequent breaks                                  | <input type="checkbox"/> JAWS                                     |
| <input type="checkbox"/> Raised desk for wheelchair/scooter access        | <input type="checkbox"/> Padded chair with arms                   |
| <input type="checkbox"/> Other: _____                                     |   |

### Student Responsibilities

1. Submit the appropriate medical documentation along with TSI Accommodations Request form to the Disability Services Office indicating specific disability, functional limitations, and recommended accommodations from a licensed physician within an educational setting.
2. **Students approved for Individual Testing, Readers or Scribes will need to notify the Testing Center at [testing@coastalbend.edu](mailto:testing@coastalbend.edu) or call (361) 354-2244/ (361) 354-2334 within seven (7) working days before services can be provided. \*\*\*In addition, students whom have not completed the required steps in scheduling a date with the Testing Department to take the TSI Assessment may experience a delay in receiving services.\*\*\***
3. Take the TSI Assessment at your scheduled CBC location:
  - **Beeville Campus:** R. W. Dirks Student Services Building, R.M. V-131 , Testing Center
  - **Alice Site:** R.M. 130
  - **Kingsville Site:** R.M. 135
  - **Pleasanton Site:** R.M. 102

### Disability Services Responsibilities

1. Evaluate medical documentation and determine appropriate accommodations.
2. Contact the Testing Center by email to inform them of your approved services.
3. Contact the student regarding the approved accommodations.

### Acknowledgement Statement

I understand that accommodations for my placement exam are not automatic. I understand that in order to receive services I must complete this request form and follow the TSI Accommodations Request Process to determine my eligibility for accommodations with the DS Office. I further understand that if I wish to receive accommodations for my classes, I must fill out the required request for accommodations form for new students and submit it to the Disability Services Office. **DS Office Contact Information:** Phone: (361) 354-2728, Email: [Disability@CoastalBend.edu](mailto:Disability@CoastalBend.edu)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Disability Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_