Disability Support Services California State University San Marcos 333 S. Twin Oaks Valley Road San Marcos, CA 92096-0001
Tel: 760.750.4905 **Fax:** 760.750.3445 dss@csusm.edu www.csusm.edu/dss/

Dear Calculus Readiness Diagnostic Applicant:

You have requested special testing accommodations through our Disability Support Services office for the Calculus Readiness Diagnostic. Special testing accommodations are available to students who a qualifying disability which requires a modification the standard testing conditions.

In an effort to provide you with special testing accommodations for the Calculus Readiness Diagnostic, it is necessary to have written documentation verifying the existence of a disability. In addition to a current diagnosis, specific information is required on how the disability impacts test taking under standard conditions (i.e., slowed cognitive processing, impaired writing). Please have your treatment provider complete the Special Testing Verification Form.

Please keep in mind the attached Special Testing Verification Form is only being used to substantiate the need for reasonable testing accommodations at CSU San Marcos for the Calculus Readiness Diagnostic. It is possible that additional documentation will need to be submitted for other accommodation requests as a CSU San Marcos student. Should you have any questions, I can be reached at (760) 750-4905.

Sincerely,

Disability Support Services

DISABILITY SUPPORT SERVICES
CALCULUS READINESS DIAGNOSTIC
APPLICATION FOR ACCOMMODATIONS

TO BE COMPLETED BY THE STUDENT

NAME: _____ ID #: _____

PHONE NUMBER: (_____) - _____ - _____ EMAIL: _____

MAILING ADDRESS: _____
STREET

_____ _____ _____
CITY STATE ZIP

WHAT TEST DATE HAVE YOU SIGNED UP FOR? _____

IS DOCUMENTATION ON FILE AT DISABILITY SUPPORT SERVICES? ☐ YES | ☐ NO
(If yes, further disability verification and documentation is not required)

WHAT TYPE(S) OF TESTING ACCOMMODATIONS WILL BE NEEDED FOR THE EXAM? (Check all that apply)

EXTENDED TIME: ☐ REGULAR TIME | ☐ TIME AND A HALF (X 1.5) | ☐ DOUBLE TIME (X 2) | ☐ TRIPLE TIME (X 3)

☐ ALTERNATE TEST ROOM | ☐ BRAILLE | ☐ READER | ☐ SCRIBE | ☐ ENLARGED PRINT | ☐ COMPUTER ASSISTED

SIGN LANGUAGE INTERPRETER (if selected, please select one of the following below):

☐ SIGNED EXACT ENGLISH | ☐ AMERICAN SIGN LANGUAGE (ASL)

☐ OTHER (if selected, please list other accommodations below):

_____

_____

PLEASE NOTE: APPROVED ACCOMMODATIONS WILL BE FOR THE CALCULUS READINESS DIAGNOSTIC ONLY. ADDITIONAL TESTING AND DOCUMENTATION MAY BE REQUIRED IN ORDER TO RECEIVE ONGOING ACCOMMODATIONS AS A STUDENT AT A CALIFORNIA STATE UNIVERSITY (CSU) CAMPUS.

I authorize the release of medical information, and all other information, requested on this form to California State University San Marcos and the CSU Chancellor's Office.

_____ _____
SIGNATURE OF STUDENT DATE