



***Section Two: To be filled out by the test coordinator***

Based on current documentation, I certify that this student requires accommodation for the following reason(s):

- Hearing       Physical       Non-native English speaker  
 Visual       Learning  
 Other (*Please explain*) \_\_\_\_\_

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Special Services approved:

- Extended Time       Large-type edition       Audio version on CD       Tactile Graphics  
 Reader       Scribe       Non-Saturday Testing       Braille version  
 Other (*Please explain*) \_\_\_\_\_

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Current documentation of this student's special services request is on file at our institution and has been provided by: (*please check all that apply*)

- Physician(s)  
 Psychologist(s)  
 Learning disability specialist(s)  
 Clergy  
 Knowledge of student's native language  
 Other (*Please explain*) \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator's Name Printed \_\_\_\_\_ School name \_\_\_\_\_

Mailing address \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

(*Please Photocopy*)