



Please return this form **before assessment date** to:

**Lydia Barfoot, Special Needs Facilitator**      **OR**  
**South Campus---OFTC**  
**560 Pinehill Road**  
**Dublin, GA 31021 478-274-7786**

**David Hartley, Assessment Specialist**  
**North Campus---OFTC**  
**1189 Deepstep Road**  
**Sandersville, GA 478-553- 2093**

You will be contacted by Ms. Barfoot or Mr. Hartley, with an assessment time.

## ***Request for Assessment Accommodations***

Applicants having a physical, mental, or emotional impairment that substantially limits a major life activity may be eligible for accommodations in the placement process. Attempts will be made to provide a reasonable accommodation to ensure that the assessment accurately measures your current academic knowledge and skills.

**NOTE:** ACCUPLACER is an un-timed, multiple choice exam administered at a computer workstation. It is the primary instrument utilized at the OFTC. Applicants may, however, choose instead to take the COMPANION placement exam which is a timed, paper-pencil, multiple choice exam requiring marking answers on a Scantron (bubble-in) form.

The information requested below and any documentation regarding your disability will be considered strictly confidential and will not be furnished to any outside source without your written permission.

NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**TO BE COMPLETED BY THE APPLICANT:**

I would prefer to take: (circle one)- the ACCUPLACER computer-based exam (not timed) or the COMPANION paper/pencil exam (timed)

I will need the following testing accommodations. **Please be specific!** (Examples: large print version, cannot grasp a #2 pencil, oral administration, etc.)

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**TO BE COMPLETED BY THE PROFESSIONAL:**

**Certification of Need for Accommodations**

This applicant is known by me to have the following type(s) of disability:

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He/she has discussed with me the nature of the placement assessment, and it is my professional opinion that the applicant should receive the testing accommodations described above.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of applicant's last evaluation/exam

We at OFTC welcome your suggestions as to how we may best advise and assist this applicant with his/her career decision and education.

**Suggestions:**