

**Shawnee State University
2006-2007 Request for Placement Testing Accommodations**

PLEASE RETURN FORM TO:
Shawnee State University-Student Success Center
Attn: James Weaver, M.Ed.
940 Second St.
Portsmouth, Ohio 45662

Last Name	First Name	Middle I.
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Mailing Address

City	State	Zip code
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Attending High School	Graduation year
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Diagnosed Disability

Did you have an Individual Education Plan in High School or a 504 plan? _____

Please explain in detail your limitations and how this would affect your ability to test in a standardized group testing session.

Please read carefully, sign and date.

I verify the information provided on this form is accurate to the best of my knowledge. I authorize the release of all documentation to James Weaver, Disabilities Coordinator at Shawnee State University. The legal documentation will be used to coordinate with the Testing Administrator to provide all necessary accommodations that are needed to complete Placement Testing at Shawnee State University.

Signature	Date
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