



Testing Accommodation Request Form

Student Name

Parent Name

Parent Email Address(es)

Phone Number(s)

Date

Please complete the request form, attach required documentation, and return at least 1 week prior to the desired special accommodations testing date. To be eligible for placement testing accommodations, applicant must have a documented disability.*

Type of accommodation requested**:

_____ Time-and-a-half (*Student will receive 50% extra time.*)

_____ Reader (*Student will be assigned a reader for the duration of the exam.*)

Return this form and supporting documentation to:

Mrs. Megan Rutkowski
Magnificat High School
20770 Hilliard Blvd.
Rocky River, Ohio 44116

You will be notified prior to your test date if approved for testing accommodations.

** Required documentation includes current (within 3 years) assessment/evaluation data and a current IEP, Accommodation Plan, Service Plan, and/or private provider letters.*

***Approval of accommodations is for the placement test ONLY.*

Confidentiality and Access to Personally Identifiable Data

Employees of Magnificat shall keep in confidence student information and shall not communicate information about students and their families, unless disclosure is required for professional purposes or when the safety of an individual(s) is involved. Any breach of confidentiality not otherwise described above may result in disciplinary action, up to and including termination of employment. Student records and documentation used for the purpose of identification of a disability (*i.e. evaluation data, letters from private providers, diagnosis information*) are maintained by the school psychologist and are kept separately from the student's cumulative file.

In House Use Only: Approved Not Approved

Magnificat Employee Signature

Date