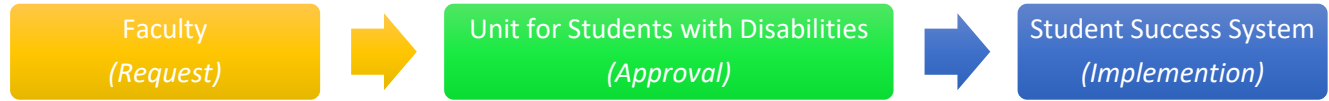# Assessment Assistance for Students with Disabilities

This form is to be used by faculty and instructors that require assistance in aiding students with disabilities to effectively participate in various forms of academic assessment.

Request Process:

Faculty *(Request)*	→	Unit for Students with Disabilities *(Approval)*	→	Student Success System *(Implemention)*

1. Faculty completes request form on behalf of their student, then submits **a minimum of 2 week in advance prior to scheduled examinations** to the Unit for Students with disabilities in Building 17 J for approval.

2. Unit for Students with disabilities officially approves the request (Stamp) and forwards the request onto SSS.

3. Student Success System confirms ability to fulfill the request, then sends an available peer tutor at the time and location of the faculty's request.

SECTION 1: To be completed by faculty or instructor.

Faculty Member's Information		
Name:		
College:	☐ CAS ☐ CEMIS ☐ CEA ☐ CPN ☐ FI	
Telephone Ext #:		**Date of Request:**
Exam Information		
Course Code & Name:		**Date of Exam:**
Building #:		**Classroom #:**
Time of Exam:		**Duration of Exam:** 1 HR 2 HRS 3 HRS
Student Information		
Name:		
College:	☐ CAS ☐ CEMIS ☐ CEA ☐ CPN ☐ FI	
Student ID#:		**Program of Study:** Diploma Bachelors Masters
Major:		**Mobile #:**
Type of Assistance Requested of SSS Peer Tutor	☐ Reading ☐ Writing ☐ Speaking Other: _____	

SECTION 2: To be completed by the supervisor of the Unit for Students with disabilities.

Date of Request Received:		Request Form Completed 100%:	☐ YES ☐ NO
Name of Supervisor:		Approved:	☐ YES ☐ NO
Signature:		Date Forward to SSS:	
Unit of Special Needs Stamp:		Remarks:	

SECTION 3: To be completed by the administration of the Student Success System.

منظومة النجاح
Student Success System

Date of Request Received:		Peer Tutor Availability:	☐ YES ☐ NO
Approved:	☐ YES ☐ NO	Assigned Peer Tutor:	
Accredited Hours of Service:	1 2 3	Student Signature:	
SSS Stamp:		Remarks	