Accommodated Testing for RIDE-Approved ACCUPLACER Test at CCRI

Disability Services for Students
Community College of Rhode Island
Spring 2014
GENERAL INFORMATION

Test-takers requesting accommodations must complete the **Testing Accommodations Request Form** (pages 8-10), and have their accommodations approved before their test can be scheduled. Please review this packet thoroughly and submit the **Testing Accommodation Request Form** to determine accommodation eligibility BEFORE scheduling your exam with CCRI.

CONTACT INFORMATION

Disability Services for Students, CCRI
ATTN: Accommodated Testing for RIDE-Approved ACCUPLACER Test
400 East Avenue, Room 1036
Warwick, RI 02886

Tel: (401) 825-2164
Fax: (401) 825-1148
E-mail: dss@ccri.edu

Monday to Friday 8 a.m. to 4 p.m.

HOW TO REQUEST ACCOMMODATIONS

Students must have their request reviewed and approved by CCRI’s Disability Services for Students office before the test can be scheduled.

□ **STEP 1: Review information about the test content and format.**

It is helpful to review the format and content of the ACCUPLACER test before making your accommodation request. Please review information about the test content and format found on pages 4-5 (“Step 1: Test Content and Format”) of this packet.

□ **STEP 2: Determine your accommodations.**

Please review the list of available accommodations under “Step 2: Testing Accommodations Offered” on page 6 and determine the accommodations you need.

□ **STEP 3: Complete the Testing Accommodations Request Form**
Complete Part 1 of the Testing Accommodations Request form (page 8).

☐ **STEP 4: Gather your disability documentation.**

Please have an authorized professional complete Part II of the Testing Accommodations Request form (Certification of Eligibility, pages 9 and 10). If you have received accommodations as part of your high school program, Part II of the Testing Accommodations Request form may be completed by a Local Education Agency Representative (e.g. Head of Guidance, Special Education Director, 504 Coordinator, etc). The Local Education Agency Representative’s completion of the Certification of Eligibility form verifies that you have documentation that is current according to the criteria set forth at [http://www.ccri.edu/dss/documentationguidelines.html](http://www.ccri.edu/dss/documentationguidelines.html).

If you have not received testing accommodations in past educational settings, please visit [http://www.ccri.edu/dss/documentationguidelines.html](http://www.ccri.edu/dss/documentationguidelines.html) for more information on supporting documentation for your accommodation request.

☐ **STEP 5: Mail, email, or fax the completed request packet (i.e. forms and documentation).**

A complete request packet includes:

- Testing Accommodations Request Form, Part I – Accommodations Requested
- Testing Accommodations Request Form, Part II – Certification of Eligibility

<table>
<thead>
<tr>
<th><strong>Mailing Address:</strong></th>
<th><strong>Fax:</strong> (401) 825-1148</th>
<th><strong>Email:</strong> <a href="mailto:dss@ccri.edu">dss@ccri.edu</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Services for Students, CCRI ATTN: Accommodated Testing for RIDE-Approved ACCUPLACER Test 400 East Avenue, Room 1036 Warwick, RI 02886</td>
<td></td>
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</tbody>
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**STEP 1: Test Content and Format**

**Type of Test**

The RIDE-Approved ACCUPLACER test consists of three parts. The three computerized parts of the test are multiple choice and cover the areas of mathematics, sentence skills, and reading comprehension. Each section is untimed.

**Arithmetic Test**

This test measures your ability to perform basic operations and solve problems that involve fundamental arithmetic concepts. This test contains 17 questions.

**Elementary Algebra Test**

This test measures your ability to perform basic algebraic operations and to solve problems that involve elementary algebraic concepts. This test contains 12 questions.

**College Algebra Test**

Depending on your score in the Elementary Algebra test, you may be required to complete the College Algebra test. This test measures your ability to perform college-level algebraic operations and to solve problems that involve college-level algebraic concepts. This test contains 20 questions.

**Sentence Skills Test**

There are two kinds of questions given in the Sentence Skills test. Sentence correction questions ask you to choose a word or a phrase to substitute for an underlined portion of a sentence. Construction shift questions ask that a sentence be rewritten in a specific way without changing the meaning. This test has 20 questions.

**Reading Comprehension Test**

This test measures your analytical and comprehensive reading skills and your ability to effectively apply what you have read. This test consists of 20 questions.
Computerized–Adaptive Testing

ACCUPLACER is an adaptive test. This means that the computer automatically determines which questions are presented to you based on your response to prior questions. This technique selects just the right questions for your level of ability. Each test is untimed so that you can give each question as much thought as you wish. However, once you have selected and confirmed your answer, you cannot return to that question. The greater your demonstrated skill, the more challenging the questions will become.

Testing Time

The computerized reading, sentence skills, math and computer skills tests are untimed.

Use of Calculator with Online Tests

Some of the mathematics items within ACCUPLACER have pop-up calculators for students to use when answering some of the math questions. The items were written so that the use of a calculator will not help the student answer the question, but is provided simply as a tool for the student to use. For example, if a student is asked to calculate the area of a rectangle, she or he must know the formula (length times width) for calculating the area. The calculator is available in this case as a tool for multiplying the length times the width; it will not help the student who does not know the formula. Calculators are not available for all items. For example, if a student is asked to estimate the value of 9.755 times 5.688, the calculator is not available, because the question is asking students to round 9.755 to 10, and 5.688 to 6, and then multiply 10 times 6 in their heads. Since the use of the calculator would help the student answer this type of question, the calculator is not available.

Testing Regulations

Textbooks, protractors, notebooks, dictionaries or other papers of any kind (with the exception of scratch paper provided by the test administrator) will not be allowed in the testing room. Additionally, anyone who gives or receives help during the test, or uses notes, books or hand-held calculators of any kind will not be allowed to continue the test.
STEP 2: Testing Accommodations Offered

If you would like to request accommodations other than those listed below, please call the Disability Services for Students office at (401) 825-2164.

Alternate Test Formats

- Braille (applicants who are blind or have low vision)
- Enlarged print
- Audiocassette or CD recording

Accommodations for Computer-based Testing

- Ergonomic keyboard
- Screen magnification
- Trackball
- Screen display enlargement

Assistance

- Reader (The DSS testing service does not provide human readers, but instead offers students use of Kurzweil, text-to-speech assistive technology software to present instructions and test content orally to students)
- Scribe
- Assistance for spoken directions only (i.e. sign language interpreter)
**STEP 3:** Complete the Testing Accommodations Request Form

The Testing Accommodations Request Form is on page 8. **Part I: Accommodations Requested** must be completed in its entirety and all applicable accommodations checked.

**STEP 4:** Confirm all disability documentation

Please have an authorized professional complete pages 9 and 10. **Part II: Certification of Eligibility** must be completed in its entirety.

**STEP 5:** Mail, fax or email completed forms

Submit completed forms.
TESTING ACCOMMODATIONS REQUEST FORM
RIDE-APPROVED TEST FOR NECAP
Part I – Accommodations Requested

Today's date: ______________________________

Applicant’s name: ____________________________________________________________
(please print) First name M.I. Last name

Address line 1: _______________________________________________________________

Address line 2: _______________________________________________________________

City: ____________________________ State: ___________ ZIP code: ______________

Home phone: _________________________ Cell phone: ____________________________

Email address: _____________________________________________________________

REQUESTED ACCOMMODATIONS
(Check all that apply)

Alternate Test Formats

☐ Braille (applicants who are blind or have low vision)
☐ Enlarged print
☐ Audiocassette or CD recording

Accommodations for Computer-based Testing

☐ Ergonomic keyboard
☐ Screen magnification
☐ Trackball

Assistance

☐ Reader (The DSS testing service does not provide human readers, but instead offers students use of Kurzweil, text-to-speech assistive technology software to present instructions and test content orally to students.)
☐ Scribe
☐ Assistance for spoken directions only – sign language interpreter
TESTING ACCOMODATIONS REQUEST FORM
RIDE-APPROVED TEST FOR NECAP
Part II – Certification of Eligibility

This form must be completed and signed by an authorized professional representing one of the following:

- Local Education Agency Representative (e.g. Head of Guidance, Special Education Director, 540 Coordinator, etc.)
- Office of Rehabilitation Services office representative in applicant's state of residence

Forms completed and signed by a member of the applicant's family, or by the licensed and/or certified professional who diagnosed the disability, will not be considered.

DIRECTIONS FOR COMPLETING THE CERTIFICATION OF ELIGIBILITY

The authorized professional should complete Part II only if able to initial points a and b below.

a) _____ The documentation on file for the applicant is current according to the currency criteria set forth at http://www.ccri.edu/dss/documentationguidelines.html

b) _____ The applicant is currently using these accommodations (or has used them within the past three years) based on the stated disability at either a high school or in conjunction with vocational rehabilitation services.

Applicant’s Name: _____________________________________________________________
First name  M.I.  Last name

Provide the following information regarding the disability documentation on file:

1. Name and credentials of professional who administered the most recent evaluation.

____________________________________________________________________
____________________________________________________________________

2. Applicant’s diagnosed disability or disabilities, as stated in the documentation, for which the accommodations have been granted.

____________________________________________________________________
____________________________________________________________________

3. Date of professionals most recent evaluation: ____/_____
   Month    Year
4. Has the applicant received accommodations within the past three years of high school?

□ Yes  □ No

If yes, please check the accommodations received:

Alternate Test Formats

□ Braille (applicants who are blind or have low vision)
□ Enlarged print
□ Audiocassette or CD recording

Accommodations for Computer-based Testing

□ Ergonomic keyboard
□ Screen magnification
□ Trackball

Assistance

□ Reader. The DSS testing service does not provide human readers, but instead offers students use of Kurzweil, text-to-speech assistive technology software that presents instructions and test content orally to students)
□ Scribe
□ Assistance for Spoken Directions Only – Sign Language Interpreter

Authorized Professional's Verification Statement

To be signed by an authorized Local Education Agency Representative or Office of Rehabilitation Services Representative.

NOTE: The evaluator who conducted the testing cannot complete this form.

I certify that the accommodations indicated in Part II are those that were documented as necessary and approved for the applicant.

I certify that I have reviewed the CCRI Disability Services for Students’ office Documentation Guidelines (http://www.ccri.edu/dss/documentationguidelines.html), and the applicant's documentation supporting the disability or disabilities and the need for the specific accommodations meets those criteria and is on file in this office.

Signature of Authorized Person

Date

Print Name

Title

Name of Institution/Agency

Telephone

Fax

Email Address

COMMUNITY COLLEGE OF RHODE ISLAND