



Disability Support Services California State University San Marcos 333 S. Twin Oaks Valley Road San Marcos, CA 92096-0001
Tel: 760.750.4906 Fax: 760.750.3445 jsegoria@csusm.edu www.csusm.edu/dss/

Dear KAT 301 Applicant:

You have requested special testing accommodations through our Disability Support Services office for the KAT 301 Exam. Special testing accommodations are available to students who a qualifying disability which requires a modification the standard testing conditions.

In an effort to provide you with special testing accommodations for the KAT 301 Exam, it is necessary to have written documentation verifying the existence of a disability. In addition to a current diagnosis, specific information is required on how the disability impacts test taking under standard conditions (i.e., slowed cognitive processing, impaired writing). Please have your treatment provider complete the Special Testing Verification Form.

Please keep in mind the attached Special Testing Verification Form is only being used to substantiate the need for reasonable testing accommodations at CSU San Marcos for the KAT 301 Exam. It is possible that additional documentation will need to be submitted for other accommodation requests as a CSU San Marcos student. Should you have any questions, I can be reached at (760) 750-4905.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Segoria".

John Segoria
Director of Disability Support Services



DISABILITY SUPPORT SERVICES
KAT 301
APPLICATION FOR ACCOMMODATIONS

TO BE COMPLETED BY THE STUDENT

NAME: _____ ID #: _____

PHONE NUMBER: (_____) - _____ - _____ EMAIL: _____

MAILING ADDRESS: _____
STREET
CITY STATE ZIP

WHAT TEST DATE HAVE YOU SIGNED UP FOR? _____

IS DOCUMENTATION ON FILE AT DISABILITY SUPPORT SERVICES? YES | NO
(If yes, further disability verification and documentation is not required)

WHAT TYPE(S) OF TESTING ACCOMMODATIONS WILL BE NEEDED FOR THE EXAM? (Check all that apply)

EXTENDED TIME: REGULAR TIME | TIME AND A HALF (X 1.5) | DOUBLE TIME (X 2) | TRIPLE TIME (X 3)

ALTERNATE TEST ROOM | BRAILLE | READER | SCRIBE | ENLARGED PRINT | COMPUTER ASSISTED

SIGN LANGUAGE INTERPRETER (if selected, please select one of the following below):

SIGNED EXACT ENGLISH | AMERICAN SIGN LANGUAGE (ASL)

OTHER (if selected, please list other accommodations below):

PLEASE NOTE: APPROVED ACCOMMODATIONS WILL BE FOR THE KAT 301 ONLY. ADDITIONAL TESTING AND DOCUMENTATION MAY BE REQUIRED IN ORDER TO RECEIVE ONGOING ACCOMMODATIONS AS A STUDENT AT A CALIFORNIA STATE UNIVERSITY (CSU) CAMPUS.

I authorize the release of medical information, and all other information, requested on this form to California State University San Marcos and the CSU Chancellor's Office.

SIGNATURE OF STUDENT

DATE