

Thomas Jefferson High School for Science and Technology
Request for Testing Accommodations
Admissions Test- December 2008

Applicant Last Name:	Applicant First Name:
School Attending:	Applicant I.D. # (FCPS or A00XXXX):
Parent/Guardian Contact:	Test Site Selected:
Daytime Telephone Number(s):	E-Mail Address:

If you are requesting accommodations due to identified disabilities, please check the testing accommodations requested and attach a copy of the relevant pages of the applicant's IEP, 504 Plan, or other formal written educational plan, to this form. Sign and date.

Accommodations for SHSAT (TJ Admissions Test)		Accommodations for Essays	
Requested <input checked="" type="checkbox"/>	Accommodation	Requested <input checked="" type="checkbox"/>	Accommodation
<input type="checkbox"/>	Extended Time – SHSAT	<input type="checkbox"/>	Extended Time – Writing
<input type="checkbox"/>	Mark in Test Booklet	<input type="checkbox"/>	Use of Computer/Keyboard
<input type="checkbox"/>	Small Group Setting	<input type="checkbox"/>	Other (specify):
<input type="checkbox"/>	Preferential Seating/Minimal Distractions	Documentation Attached <input type="checkbox"/> 504 <input type="checkbox"/> IEP <input type="checkbox"/> Other:	
<input type="checkbox"/>	Use of Calculator		
<input type="checkbox"/>	Enlarged Print (indicate font size needed)		
<input type="checkbox"/>	Reader		
<input type="checkbox"/>	Scribe		
<input type="checkbox"/>	Other (specify):		
Parent/Guardian Signature: _____ Date: ___/___/08			

If you are requesting testing accommodations for medical reasons, please complete the following section below and attach required documentation. Sign and date.

Medical Accommodations	
Student may require medical testing or medication during the admissions test (e.g., glucose monitoring, medication or snacks during test time, Epi-pen). Describe: Other:	Documentation Attached <input type="checkbox"/> School Medical Authorization Form <input type="checkbox"/> Doctor's Letter <input type="checkbox"/> Other:
Parent/Guardian Signature: _____ Date: ___/___/08	

Submit completed form and required documentation to TJHSST Admissions Office, P.O. Box 3300, Merrifield, VA 22116-3300 **before October 24, 2008**. Call 703-876-5265 if you have questions. Fax: 703-876-5286