



Bucks County Community College
Department of Public Safety Training and Certification

1760 South Easton Road
Doylestown, PA 18901
Ph: 215.340.8417
Fax: 215.343.6794

Dear Student:

As the student requesting an accommodation it is your responsibility to have this two page document completed and make sure all of the required paperwork is submitted at least 10 business days prior to the written examination. By submitting this form you are not guaranteed accommodation for the scheduled test days if enough time is not given to provide accommodation. Please make sure all of the information below is completed. Your contact information as well as the course information is required to process your request.

STUDENT INFORMATION

1	SOCIAL SECURITY NUMBER		DATE OF BIRTH		BCCC STUDENT NUMBER	
	XXX - XX -		/ /			
	TITLE			COUNTY OF RESIDENCE (PA Residents Only)		
	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss					
	FIRST NAME		MI	LAST NAME		SUFFIX
2	ADDRESS (Street Address or Postal Box Address)					APT#/UNIT#
	CITY				ST	ZIP CODE
						-
	<i>For International Addresses please use the open line below for City, State or Providence, Postal Codes and Country.</i>					
3	ORGANIZATION/EMPLOYER (Agency you are representing during the course)					
	ADDRESS (Street Address or Postal Box Address)					
	CITY				ST	ZIP CODE
					-	
4	WORK (day-time) PHONE NO.		HOME (night-time) PHONE NO.		ORGANIZATION/EMPLOYER NO.	
	() -		() -		() -	
	E-MAIL ADDRESS					
6	COURSE NUMBER & SECTION		COURSE TITLE		START DATE	HOURS
	COURSE LOCATION:				COUNTY:	



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Dear Special Education Teacher:

A student on your IEP caseload is attending classes through the Bucks County Community College Department of Public Safety Training & Certification. This student has stated that he/she has an IEP and is requesting accommodations be made for this class. Please return this form and a copy of the IEP Cover page, State and Local Assessment page, and Specially Designed Instruction page within ten business days to:

Mr. Matthew Hatrak, Director of Certification & Curriculum
Bucks County Community College - Department of Public Safety Training and Certification
1760 South Easton Road, Doylestown, PA 18901

Please complete the following information (to be completed by the student's Special Education Teacher):

_____ is a student with an IEP at _____,
Student's Name Name of School
located in the county of _____. _____ is this
County Teacher's Name
student's IEP Case Manager and can be contacted at _____
Phone Number or E-mail Address

if there are any questions.

The Following accommodations are made during tests and quizzes at our school:

(Please check all that apply)

- ☐ Allow for time to process auditory directions
- ☐ Have student verbally repeat directions
- ☐ Mask portions of the test during testing
- ☐ Permit additional breaks
- ☐ Read test questions orally to student
- ☐ Small Group/Separate Room for tests
- ☐ Extended Time for tests
- ☐ Teacher marks bubbles on test at student direction
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

I, _____ verify that the above information is correct.
Teacher's Name

Teacher's Signature Date BCCC Representative Date

Attach Copy of IEP Documents:

(1-Cover Page, 2-State and Local Assessment Page, 3-Specially Designed Instruction Page)

OFFICE USE ONLY BELOW

Last Revised on: March 4, 2013

Received: _____ Reviewed: _____ Recommendations: _____