  

**Faculty Request Form: Assessment Assistance for Students with Special Needs**

*Social Welfare Center – Unit for Special Needs Students – The Writing Center/Learning Enhancement Center*

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

**Request Process:**

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 Special Needs in Building 17 J for approval.
2. Unit for Special Needs officially approves the request (Stamp) and forwards the request onto TWC/LEC.
3. The Writing Center/Learning Enhancement Center 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 #:** |  | **Course Code:** |  |
| **Date of Request:** |  | **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 TWC/LEC Peer Tutor** | Reading Writing Speaking Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**SECTION 2:** To be completed by the supervisor of the Unit for Special Needs.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Request Received:** |  | **Request Form Completed 100%:** | YES NO |
| **Name of Supervisor:** |  | **Approved:** | YES NO |
| **Signature:** |  | **Date Forward to TWC:** |  |
| **Unit of Special Needs Stamp:** |  | **Remarks:** | |

**SECTION 3:** To be completed by the administration of the Writing Center/Learning Enhancement Center.

|  |  |  |  |
| --- | --- | --- | --- |
| LEC |  | | |
| **Date of Request Received:** |  | **Peer Tutor Availability:** | YES NO |
| **Approved:** | YES NO | **Assigned Peer Tutor:** |  |
| **Accredited Hours of Service:** | 1 2 3 | **Student Signature:** |  |
| **TWC/LEC Stamp:** |  | **Remarks** | |