BARBER SCHOOL STATEMENT REGARDING TESTING ACCOMMODATIONS

Applicant Name: _______________________________________________________________________

The above named applicant received special testing accommodations during the administration of exams at this school for the following disability: _________________________________________________________________

During the following periods:

The special testing accommodations provided are described as follows:

__________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________

SIGNATURE ___________________________ DATE ___________________________

Title: __________________________________________________________________________

School: __________________________________________________________________________

Tel: (_____) _______ - _________