Sample Letter for Requesting an IEP Accommodations Test

Note: This letter must be on official letterhead from the school, facility, or professional's office. Submission of accommodations materials should be sent 30 days prior to program completion.

Letterhead

Current Date

Southern Illinois University Nurse Aide Testing 1840 Innovation Drive, Suite 103 Carbondale, IL 62903

Test Coordinator:

Because of a (state the individual's specific documented disability), I wish to request that an accommodations exam be provided for the student(s) listed below (state the specific testing conditions being requested). The candidate is eligible to take the exam and wishes to be tested (state the desired test date). I have notified the student(s) that they should contact the Nurse Aide Testing office as soon as a test administration has been scheduled.

Name Last 4 digits of SSN

I have enclosed verification of the learning disability in the form of an Individualized Education Plan (IEP) which includes the listing of approved accommodations. Please contact (contact person's name) regarding this request for accommodations testing at (contact phone # or email address if you require additional information.

(Requestor's Name) (requestor's Title)