

Disability Services Office Testing Information Form

The Disabilities Services Office requests the receipt of this COMPLETED form 48 hours prior to the date of the exam or quiz to ensure room availability and appropriate accommodations. **Students requiring extra time only will schedule their exams through Lee Anne in R 240. Students needing other accommodations will schedule their exams through Kathy in R 261.**

► 1st Step: Please fill out the section below:

Name: _____ Today's Date: _____

Phone Number: _____ Name and Number of Course _____

Name of Instructor: _____ Date Class Takes Test: _____

► 2nd Step: Please see Kathy to approve the appropriate accommodation.

Exam Accommodations Approved for Student by Disability Services: _____ Staff Member: _____

- _____ Extended time (1.5) (Double)
- _____ No penalty for written language errors unless essential for course and/or curriculum
- _____ Distraction free environment/quiet room
- _____ Screen reader version of written exam
- _____ Reader
- _____ Assistance with Scantron Bubble Sheet
- _____ Voice recognition software
- _____ Enlarged copies
- _____ Use of word processor for essay answers
- _____ Calculator _____ CCTV _____ Braille

Other: _____

► 3rd Step: Please take this form to your instructor to sign and to provide the following information:

Information Provided by Instructor

Additional exam resources for Student's use while testing through Disability Services:

- _____ Calculator _____ Notes _____ Textbook _____ Scratch Paper _____ Note Card(s)
- _____ None of These _____ Other: _____

Exams must arrive two working days prior to exam in order to ensure that any adaptive accommodations are completed to exam time.

Delivery Instructions :	How will instructor receive exam?
_____ Instructor will deliver to Kathy or Lee Anne (Kathy will mark this)	_____ Will pick up
	_____ Delivered by D.S. or Lee Anne

Instructor's Signature: _____ Date: _____

► 4th Step: Please take this form to either Kathy or Lee Anne to schedule your exam.

Testing Date with Kathy or with Lee Anne: _____ Start: _____ Finish: _____

Disability Services Office Use Only:

Completed exam picked up by instructor: _____ Date: _____
Completed exam delivered to instructor: _____ Date: _____