



DISABILITY SUPPORT SERVICES TESTING ACCOMMODATIONS FORM

NOTE TO FACULTY: *This form contains vital proctoring information for students testing at DSS. Complete and return to OLB 121, or give to student. If you have any questions, contact the Learning Center 7455-9713 or DSS at Students Services 745-9737*

Student _____ Course _____

Faculty Name _____ Contact # _____

Faculty Signature _____ Date _____

Testing needs to be completed by this date _____

TEST PICK-UP

____ Professor will deliver test to the Learning Center on or before test date.

____ Student will bring sealed test to the Learning Center on test date.

TEST RETURN

____ Professor will pick up test from the Learning Center when completed by student.

____ the Proctor will place completed test in faculty box.

____ Other (Please specify) _____

STANDARD TEST TIME -- Please give standard time given to students testing in class for:

Quizzes _____ Tests _____

MATERIALS PERMITTED IN TESTING ROOM

____ None ____ Notes ____ Tape Recorder ____ Textbooks ____ Calculator (specify) _____

____ Charts, Tables, etc. (specify) _____

____ Other materials permitted _____

____ Use of a computer (including Dragon Naturally Speaking) _____

ANY FURTHER INSTRUCTIONS OR COMMENTS



Please note: It is the student's responsibility to schedule tests with Student Services Testing Center 745-9713. For first time students may need to be reminded of this.

Proctor's initials _____ Date: _____