Guidelines and Form for Exam Accommodations

Students whose exam is scheduled through the Office of Disability Services must have appropriate documentation on file. To assure that the exam is modified in accordance with the student’s needs and the instructor’s wishes, we ask that you use this form. Student and instructor work together to fill out this form completely. Please do not sign the form until all the information is completed.

- The student and instructor fill this form out together. Please do not sign the form until all the information is completed.
- The instructor returns the form to Disability Services one week prior to the testing date.
- Please NOTE: Students are supervised by Disability Services staff, however, students test in private rooms, and are expected to adhere to the honor code.

Name: ____________________________________________________________

Course: ____________________________ Instructor: ________________________

Date to take exam: ____________________________

Exam Time (including any extra time): Beginning ________________Ending ________________

Test Accommodations

___ time-and-a-half  ___ use of a cleared laptop
___ double time

How will exam be delivered?

___ included with this form  ___ student being tested will deliver
___ instructor will deliver  ___ campus mail

How will exam be returned?

___ Instructor (or designee) will pick up  PLEASE NOTE: DISABILITY SERVICES DOES NOT SEND COMPLETED EXAMS VIA CAMPUS MAIL OR ALLOW STUDENTS TO RETURN THEIR OWN WORK

Beyond the modifications listed above, what other materials may the student use?

___ lecture or other notes  ___ calculator
___ textbook  ___ computer aids (spellcheck, etc.)
___ dictionary/thesaurus  ___ other aid(s) (list on reverse)
___ other book(s) (list on reverse)  ___ laptop

Instructor’s signature: ____________________________ Date: _______________

Student’s signature: ____________________________ Date: _______________

If you have any questions, please contact Disability Services at x4464