Guidelines and Form for Exam Accommodations

Students whose exam is scheduled through the Office of Disability Services (The Wellness Center) must have appropriate documentation on file from a United States provider. 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 The Wellness Center one week prior to the testing date.
- Please NOTE: Students are supervised by The Wellness Center staff, however, students test in private rooms, and are expected to adhere to the honor code.

Name: ____________________________________________________________

Course: ____________________________ Instructor: ________________________________________

Date to take exam: __________________________

Time including any extensions: 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
___ via email to: anchrist@carleton.edu

How will exam be returned?

___ student being tested will return  Note: Exams will no longer be returned via campus mail
___ instructor or instructor’s designee will pick up

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 The Wellness Center at x 4080

Exam pick-up signature ______________________________ Date: ________________