

SPECIAL TESTING INSTRUCTIONS

Only students PRE-APPROVED by the Office of Disability Services are eligible for accommodations.

INSTRUCTORS: Please fill out this slip completely to ensure proper testing procedures are followed.

Today's Date: _____ Student's Name: _____ Course Number: _____

Instructor: _____ Office Number: _____ Phone Number: _____

Date test must be taken by: _____

Student may use: (Please check all that apply)

Open book: ____ Calculator: ____ Keyboard: ____ Notes: ____ Scratch paper: ____

Additional instructions: _____

DISABILITY SERVICES OFFICE USE:

Date & Time Test Received: _____ Test prepped: _____

Extended Time: _____ Oral: _____ Taped: _____ OBC: _____ JAWS: _____

Saved as: _____

Administered by: _____ Date: _____ Time test started: _____ Time test finished: _____

Notes to instructor: _____

Date Test Mailed Back: _____ Date & Time Instructors Picked Up: _____