Disability Support Services (DSS)
Testing Form

| STUDENT NAME: ___________________________ | COURSE NAME/NUMBER: ___________________________ |
| INSTRUCTOR NAME: ________________________ | PROF. PH# (OFFICE/CELL DURING TESTING): __________ |

1. Method of Exam Delivery to DSS:
   - Date Delivered: ___________ via ☐ In Person ☐ E-mail ☐ Other: ___________

2. Method of Exam Return to Professor:
   - ☐ Professor will Pick Up ☐ E-mail (EID: __________) ☐ Other: ___________
   - ☐ T.A. or designee to pick up: _____________________________________

3. Professor Approved Test Aides:
   - ☐ NONE ☐ Breaks (bathroom/snack) ☐ Open Book
   - ☐ Calculator (Basic) ☐ Calculator (Scientific) ☐ Calculator (Graphing)
   - ☐ Formula Sheet ☐ Use of Computer ☐ Notes
   - ☐ Scantron/gradeIT ☐ Blue Book ☐ Other: ___________

4. Testing Specifics
   - ☐ Student must test on the same day and approximate time as the class (i.e. within 60 min of start time)
     Date: ____________________ Time: ____________________
   - ☐ Student can test at any time, so long as it is on the same day
   - ☐ Student can test on a different day within the time frame specified below
     Date: ______________ and Date: ______________

5. Additional testing information (i.e. passwords):
   _______________________________________________________________________________________
   _______________________________________________________________________________________

6. Length of time class has to take the test (without accommodations): ___________

INSTRUCTOR SIGNATURE: ____________________________________________

DATE: ____________________

DSS Office Use Only:
- Testing Environment: ☐ Private ☐ Reduced Distraction ☐ General
- Extended Time: ☐ NONE ☐ x1.5 ☐ x2 ☐ Other: ___________
- Total Test Time (with accommodation): ________ hr _________ mins

Accommodations Approved by DSS:
- ☐ None ☐ Scribe ☐ Reader
- ☐ Large Font ☐ Print on Colored Paper ☐ No Scantron
- ☐ Calculator (Basic) ☐ Screen Reading Software ☐ CCTV
- ☐ Use of Computer: Word Processing ☐ Extra Scratch Paper ☐ Other ___________

Date: __________ Start Time: __________ Maximum End Time: __________ Actual End Time: __________

Testing Notes: _____________________________________________________________________________

Signature of person proctoring exam: _______________________________________________________________________

RETURN METHOD: __________ DATE: __________ INITIALS: __________

INSTRUCTOR SIGNATURE (PICK UP ONLY): ____________________________________________