



Accommodations Testing Form

This form should be completed and turned in **for each test** scheduled with the Accommodations Coordinator.

PLEASE PRINT ALL INFORMATION:

THE STUDENT SHOULD COMPLETE THIS SECTION

Student Name: _____ Social Security #: _____

Course: _____ Class # _____ Section: _____

Instructor (first initial and last name): _____

I understand that only by submitting this form to the Accommodations Coordinator a **minimum of 4 days** before the test date listed below will I guarantee myself the accommodations specified on the Student Accommodations Contract signed by me and on file in the Disability Services office. I further understand **my failure to appear for testing within 15 minutes of the test time listed will result in forfeiture of my scheduled testing time** and the return of the test to the instructor.

Student's Signature: _____ Date: _____

THE INSTRUCTOR SHOULD COMPLETE THIS SECTION: The Accommodations Coordinator will give the student the test at the scheduled time when possible. On occasion, the test may have to be given at a time other than the one listed on this sheet.

Date test *SHOULD* be administered to student: _____ Time: _____

Special instructions (e.g. open book, calculator or notes allowed, etc.): _____

If you have any questions, you may contact the Accommodations Coordinator at ext. 277.

THE ACCOMMODATIONS COORDINATOR SHOULD COMPLETE THIS SECTION:

Test received by Acc. Coordinator: Date: _____ Time: _____ Initials: _____

Test administered: Date: _____ Time Started: _____ Time Ended: _____

Total time spent on test: _____ Monitor's Initials: _____

Test returned to department: Date: _____ Time: _____