

Testing Accommodations Request

The ASO strongly encourages students submit this form to their instructor at least 4 days prior to the exam/quiz (10 days for midterm/finals).

Student Identification and Accommodations Request (Section to be filled out by student)

Dear Student,

If you wish to receive accommodations for an exam or a quiz, it is your responsibility to provide your instructor with this form (strongly suggested at least 24 hours before the exam/quiz). It is also your responsibility to schedule the date and time of the test with the Testing Center (TC).

Student Name: _____

Phone #: _____

Date of Exam/Quiz: _____

Class & Exam Number: _____

Accommodations requested (Check only the ones you are eligible for):

- | | |
|--|---|
| <input type="checkbox"/> Extra Time | <input type="checkbox"/> Human Reader |
| <input type="checkbox"/> Alone Room | <input type="checkbox"/> Word Processor |
| <input type="checkbox"/> Kurzweil | <input type="checkbox"/> Scribe |
| <input type="checkbox"/> Separate Location | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Breaks | <input type="checkbox"/> Calculator |

Student's Agreement for Confirming Test Date, Time and Location

After I submit this form to my instructor and at least 24 hours (recommended) before the test is administered to the rest of the class, I understand that I should contact the Testing Center to schedule a date and time for the exam.

Student signature

Date

Instructor Request for Testing Support (Section to be filled out by Instructor)

Dear Instructor:

After you have filled out the following information, please attach a copy of the exam/quiz and submit both to the Testing Center in CLC 15-130 or emailing it to thetestingcenter@sunyjefferson.edu for scheduling.

Please keep in mind that whenever possible, tests are scheduled during regular class time unless a scheduling conflict arises, the Testing Center is contacted late, or special testing format is required.

Instructor Name: _____

Course & Exam Number: _____

Room Number: _____

Test Information:

Exam Time & Date: _____

Duration of exam/quiz: _____

Test may be given 2 days prior or 2 days after scheduled test time. Test directions (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Scantron | <input type="checkbox"/> Blue Book |
| <input type="checkbox"/> Open Book | <input type="checkbox"/> Normal Curve Table |
| <input type="checkbox"/> Periodic Table | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Open Notes | <input type="checkbox"/> Notecard (specify size) |

Instructors Comments and Signature: _____

- Pick-up Deliver

TC Accommodation Coordination (Office Use Only) Test check-in

Received by: _____

Date: _____

Time: _____

Formatting

Special formatting

0 Yes 0 No

Completed by: _____

Date: _____

Time: _____

Test schedule

Date: _____

Time: _____

Location: _____

This test was administered to the student on the date and time that it was scheduled for and the student received proper accommodations.

Staff Signature

Date

I received all accommodations that I requested above.

Student Signature: _____ Date: _____