



Disability Testing Proctor Request Form

A completed copy of this form must accompany each test or group of tests sent to the Disability Services.

INSTRUCTOR: _____	MGA STUDENT ID#: _____	INSTRUCTOR PHONE #: _____	DATE: _____
COURSE #: _____	TEST START TIME: _____	TEST #: (ex. Calc Exam 1) _____	CAMPUS: _____
ONLINE MAKE-UP TESTS	WEBSITE: _____	PASSWORD: _____	

NAME OF STUDENT _____	Did you receive notice of testing accommodations from Disability Services for this student? <input type="checkbox"/> YES <input type="checkbox"/> NO
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MARK ANSWERS ON: Scranton Test Booklet Plain/Lined Paper Bluebook Other

****Notes, Books, or other aids will not be allowed unless specified by instructor.****

STUDENTS CAN USE:

<input type="checkbox"/> Calculator	Specify type: <input type="checkbox"/> Basic <input type="checkbox"/> Scientific <input type="checkbox"/> Graphing <input type="checkbox"/> Other _____
<i>Calculators with internet access are not permitted.</i>	
<input type="checkbox"/> Notes	Return notes used for Test? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Open Book	Specify which Book: _____
<input type="checkbox"/> Graphs or Tables	Specify Type: _____
<input type="checkbox"/> Scratch Paper / Graph Paper	Return Scratch Paper with Test? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Other	Specify: _____

TIME LIMIT (FOR REST OF CLASS): _____

NOTE: Instructor should indicate in-class testing time for rest of class, **NOT** adjusted time for accommodation. Disability Services will make the time adjustments as required for students with disabilities.

DEADLINE DATE: _____ / **FINISH BY:** _____ *Student must schedule and complete test with DSP by Deadline Date. **No test will be given after date/time indicated.**

-----**When Tests are Complete**-----

HOLD for Instructor Pickup **RETURN** to Instructor – Dept and mailbox # _____

Note: Disability Services cannot accept class assignments or homework to/from the student or instructor.

For Disability Services Office Use Only

Date Taken: _____	Time Started: _____	Time Finished: _____
Accommodations Used: _____	Student Initials: _____	
Test Deadline Expired/Returned to Instructor: _____		