

## Accommodated Testing Instruction Sheet

**A completed copy of this form must accompany each test or group of tests sent to the Test Center.**

<b>INSTRUCTOR:</b> _____	<b>MGA ID:</b> _____	<b>PHONE #:</b> _____	<b>DATE:</b> _____
<b>COURSE #:</b> _____		<b>TEST DATE/TIME</b> _____	<b>CAMPUS:</b> _____
<b>ONLINE TEST INFORMATION</b>	<b>WEBSITE:</b> _____	<b>PASSWORD:</b> _____	

NAME OF STUDENT	Did you receive notice of testing accommodations from Disability Support Services for this student?
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

**MARK ANSWERS ON:**    Scantron    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:** \_\_\_\_\_ **(NOTE: Instructor should indicate regular in-class testing time)**

If no limit is set, student will be allowed 75 min.      **UNLIMITED TEST TIME IS NOT ACCEPTABLE**

**\*\*The Testing Center will make the time adjustments as required for students with disabilities.**

(optional)

**DEADLINE DATE:** \_\_\_\_\_ / **FINISH BY:** \_\_\_\_\_ **\*No test will be given after date/time indicated.**

\*If no deadline date is indicated, we will return tests one week from the date it was received.

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

**HOLD** for Instructor Pickup       **RETURN** to Instructor – office # or email address \_\_\_\_\_  
**Note: The Testing Center cannot accept class assignments or homework to/from the student or instructor.**

**For Test Center Use Only**

Date Taken: _____
Time Started: _____
Time Finished: _____
Test Deadline Expired/Returned to Instructor: _____