

ALTERNATIVE TEST SCHEDULING FORM

ONLY for students with disabilities who have delivered accommodation memos to their professors which specify alternate testing for the current semester.

Instructions:

1. Student brings form to professor one week in advance of test.
2. Student submits form to the Academic Success Center prior to the test date .
Late submissions may impact the student's ability to take the exam at the requested time.
3. **Tests are given between the hours of 8:30 and 4:30pm.**

TO BE COMPLETED BY STUDENT

Student name: _____ Student ID: _____

Course number: _____ Student phone: _____

TO BE COMPLETED BY FACULTY

Faculty name: _____ Faculty phone: _____

Faculty email: _____

DATE OF TEST _____ **TIME OF TEST** _____

How much time does your class get for the test? hours _____ minutes _____
(ASC will apply extended time for this student)

In order to allow us flexibility in our scheduling, please also select a general approved time of day for this student (Select one):

Anytime (8:30 -4:30)

Morning (8:30-Noon)

Afternoon (Noon-4:30)

Student may use the following equipment/materials during the test:

_____ NONE

_____ Calculator:

Special Instructions or requests: _____

Test Delivery Instructions:

_____ I will email the exam to the Academic Success Center (asc@strose.edu) 24 hours before the test date.

_____ Test is on: _____ Canvas _____ Maple _____ Other

_____ I will deliver the test 24 hours before the test date to the Academic Success Center (Saint Joseph Hall second floor)

Test Return Instructions:

_____ I would like the exam emailed back to me within 24 hours of the test date.

Address: _____

_____ Test is on computer: return of test not necessary.

_____ I will pick up the test from the Academic Success Center within 2 business days.

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Agreement statement: I agree to adhere to the policies and procedures for alternative testing set forth by both the Student and Faculty Handbooks of the Academic Success Center. I understand that the student will be allowed to use only the accommodations listed in his or her accommodation memo for this test.

Student signature

Faculty signature

TO BE COMPLETED BY THE ACADEMIC SUCCESS CENTER: Student Initials: _____

Date form received by ASC _____

- | | | |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | Extended time-1.5 hours _____ minutes _____ | Start Time: _____ |
| <input type="checkbox"/> | Extended time-2 hours _____ minutes _____ | |
| <input type="checkbox"/> | Reduced distractions | |
| <input type="checkbox"/> | Computer use | |
| <input type="checkbox"/> | Kurzweil/Reader | |
| <input type="checkbox"/> | Englarged _____ | |
| <input type="checkbox"/> | Scribe | |
| <input type="checkbox"/> | Calculator | |
| <input type="checkbox"/> | Spell check | |
| | Other: _____ | |

ASC room assigned: _____

Time Test must be collected:

Time test started: _____

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Time finished: _____ Reader/Scribe: _____

Who administered test: _____ Who collected test: _____

Scratch paper issued: _____ (# pages) _____ color

Return of test:

Signature of person receiving exam

☐ Test picked up by professor:
Date: _____ Time: _____ x _____

☐ Test mailed to professor:
Date: _____ x _____

☐

Signature of ASC staff

x _____

Initials: _____ Date entered: _____ Record #: _____