

This portion of the form will be completed with the information given to me by the student. They should be taking the test the same time as the other students in the classroom whenever possible.

REQUEST FOR TESTING ACCOMMODATIONS TO BE COMPLETED BY INSTRUCTOR

This student has provided Disability Support Services with documentation which qualifies the student for testing accommodations through our office. If you have any questions regarding this test, please contact the Testing Specialist at 234-3597 or the DSS office at 234-4140.

Instructors, please be advised that we require tests to be delivered 24 hours before students scheduled appointment

Student Name: Becky Allington-0033333
 Date of Test: 10/31/09 Time of Test: 11:00 am
 Subject: PS-110 Test #3 Instructors Name: Allington

How are we getting the test?

- instructor will email the test to DSS@grcc.edu
- instructor will deliver the test to 325 SCC
- student will deliver test by hand after reporting to class
- obtain via Blackboard or Lockdown Browser
- MA-095 Tests on file in DSS Testing

Testing Tools Allowed:

- Calculator
- Multiplication Chart
- Open Note/Open Book
- Scrap Paper
- Scantron
- Formula Chart
- Periodic Table
- Scantron w/ Essay
- Other (Please specify) _____

Time Allotted: _____ x1.5 _____

Instructors Signature _____ Dept: _____ Phone #: _____ Date: _____

Is student authorized to return test to instructor in sealed envelope? Yes or No
 Would you like to receive this test via email? Yes or No
 If not, either the instructor or department representative must pick up the test from testing center

OFFICE USE ONLY:		Communications with Instructor/Student:	
Date: <u>10/14/09</u>	Time: <u>8:00 am</u>	Method: <u>email-inst</u>	Initials: <u>BA</u>
Date: _____	Time: _____	Method: _____	Initials: _____
<input type="checkbox"/> Lockdown Browser (BB)	<input type="checkbox"/> MS Word	<input type="checkbox"/> Inspiration	
<input type="checkbox"/> Blackboard	<input type="checkbox"/> Magic	<input type="checkbox"/> Math Talk	
<input type="checkbox"/> WYNN	<input type="checkbox"/> Other (Please specify) _____ ↓	<input type="checkbox"/> JAWS	
<input type="checkbox"/> Natural Reader		<input type="checkbox"/> Dragon	

This portion is to be completed by the instructor & is REQUIRED.

This portion is to be completed by the instructor & is not required unless applicable.

Time allotted: This is to be completed by the instructor. It is the amount of time the students are getting to complete the test in the classroom & is REQUIRED.

This portion is to be completed by the instructor & lets me know how you would like to get the test back. It is REQUIRED.

This box is for office use only.