

OFFICE FOR STUDENTS WITH DISABILITIES
TEST ACCOMMODATION REQUEST FORM

___ Student Contract Signed

722-6300 x6360 (Voice/Relay), 722-6361 (fax)
Location: T100, in parking lot, just east of Business Education Building

OSD Exam Proctoring Hours

Spring/Fall - Mon.-Tues. – 8:00 am to 7:00 pm; Wed.-Fri. 8:00 a.m. to 4:30 p.m.
Summer - Mon.-Thurs. – 7:30 a.m. to 6:00 p.m.; Closed Fridays

Date Form Requested: _____	To: _____ (INSTRUCTOR'S NAME & COURSE ID)
_____ (STUDENT NAME)	OSD Staff Signature: _____

The student named above is eligible for the following test/quiz accommodations in your class:

_____ Time Extension (_____)	_____ Reader
_____ Scribe	_____ Distraction Reduced Area
_____ Other _____	_____ Private Room

We realize that it may not be convenient for you to supervise the student under those stated conditions. Therefore, we will be glad to provide a proctor and/or room in which the student can complete the test/quiz.

If you would like OSD to proctor the exam, please complete and return this request form, with the exam materials, to our office or mailbox before the exam.

*****Video Surveillance Will Occur During Testing*****

≅Δ≅ SPECIAL INSTRUCTIONS SECTION ≅Δ≅

≅Δ≅ INSTRUCTOR, PLEASE FILL OUT THE FOLLOWING SECTION ≅Δ≅

DATE & TIME OF EXAM: _____ & _____

STUDENT **CANNOT** TAKE EXAM BEFORE THIS DATE: _____

DATE & TIME STUDENT MUST COMPLETE THE EXAM BY: _____ & _____

(If the student does not take the exam by this date/time, we will return the incomplete exam to you.)

STANDARD LENGTH OF TIME ALLOTTED IN THE CLASSROOM FOR EXAM: _____

HOW WOULD YOU LIKE US TO RETURN THE EXAM TO YOU?

- _____ OSD to return the exam to your campus mailbox
- _____ You will pick up the exam from the OSD Office
- _____ Other (Please specify): _____

INSTRUCTIONS: (Check all that apply)

- | | | |
|---------------------|-------------------|-------------------------------|
| _____ Blue book | _____ Calculator | _____ Dictionary/spellchecker |
| _____ Notes allowed | _____ Open book | _____ Scantron |
| _____ Scratch paper | _____ Other _____ | |

Special instructions or comments: _____

Instructor's Signature: _____

Thank you for your assistance; please feel free to contact the OSD Staff if you have any questions.

Dr. Louis Lucero, Director
Debra Lose, Education Advisor

Hugo Rocha, OSD Counselor
Linda Rose, Secretary

Michael Hancock, Learning Disability Specialist
Maricela Ruvalcaba, LD Testing Technician