Accessibility Services
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(507) 537-6492
(507) 537-6812 (Fax ATTN: Accessibility Services)

SOUTHWEST
MINNESOTA STATE UNIVERSITY

Testing Accommodation Form

This Form is Due a Minimum of 3 Class Days Prior to the Exam/Quiz

1. Student fills out 1 - 6, saves and returns via email to drnotes@smsu.edu

2. Accessibility Services authorizes and dates request form and sends to faculty

3. Instructor fills out 2nd page, saves and electronically returns/prints and sends/ brings with exam to AS

⇔⇔⇔ Section to be Filled Out by the Student ⇔⇔⇔

Student Name_____

1. Course Name_____Instructor_____

2. Exam Date & Time _____

3. Alternate Date & Time_____

4. Reason for needing an alternative time/date:_____

5. Accommodation(s) (Check *ALL* requested for exam)
   - ☐ Extended Time (1.5 x actual time allowed in class)   ☐ Scribe
   - ☐ Reduced Distraction Computer Needed   ☐ Enlarged/Magnified
   - ☐ Text to speech software (ReadSpeaker)   ☐ Proofreader
   - ☐ Write on Test   ☐ Fill in Scantron
   - ☐ Other (explain) _____

6. Location: (Check all that apply please)
   - ☐ Paper/pencil exam taken in Accessibility Services
   - ☐ Online exam taken in Accessibility Services
   - ☐ Accommodations requested not proctored
   - ☐ Zoom required
   - ☐ Other _____

Proctor Signature_____

Date _____

Student Began Test _____

Student Finished Test _____

Comments_____

The instructor is responsible for:
- Completing the proctoring form in its entirety
  - Delivering the exam *and* proctoring form to Accessibility Services
- Delivering *or* e-mailing exams to be scanned/edited at least 24 hours in advance of the exam time
- Contacting Accessibility Services for assistance when questions about exam accommodations or procedures arise.

1. **Alternate date/time request (<u>SKIP if not applicable</u>):**
   ☐ Yes ☐ No   approved, no conditions
   ☐ Yes ☐ No   not approved (student must take on original date/time)
   ☐ Yes ☐ No   approved, conditions _____

2. **Exam conditions:**
   Actual time allowed in class for the exam _____
   ☐ Yes ☐ No   Should a Scantron be used?
   ☐ Yes ☐ No   I will provide a Scantron.
   ☐ Yes ☐ No   May the student use their (If yes, check all that apply):
   　　　　　　　☐ Open book
   　　　　　　　☐ Notebook
   ☐ Yes ☐ No   May the student use a calculator (If yes, check all that apply):
   　　　　　　　☐ Graphing
   　　　　　　　☐ Scientific
   ☐ Yes ☐ No   In person test (paper test) in Accessibility Services
   ☐ Yes ☐ No   Online test taken in Accessibility Services
   ☐ Yes ☐ No   Online test taken at home if student wishes
   ☐ Yes ☐ No   Test required to have remote zoom session

3. **Exam (paper/pencil in AS) return instructions**:
   ☐ I will pick up the exam
   ☐ Please return the exam to:
   　Office # _____ Office Hours: _____
   　Department Mailbox _____
   ☐ Scan and email exam back to SMSU email address.
   　Destroy or Return original?
   　☐ Destroy ☐ Return

4. **Instructor's policy for student arriving late for exam:**
   ☐ I do not allow students to start exam if they are more than minutes late
   ☐ I allow students to start exam late but will not allow extra time for completion
   ☐ I allow students to start exam late and will allow extra time for completion
   ☐ Other _____

   Instructor's Signature: _____ Date _____
   Completed Exam Received in AS by _____ Date _____