

Accommodated Test Instructions
(**CONFIDENTIAL** when containing student identifying information)

PART I - General Information:

Student's Name: _____ Course: _____

Faculty Name: _____ Contact Info: _____

Test Date: _____ In-class Test Start Time: _____ In-class Test End Time: _____

<p>(NOTE: DSO will calculate student's accommodated start/end time based on in-class start/end time)</p>	For DSO Internal Use Only	
	<p align="right">DSO TOTAL TEST TIME: _____</p>	

PART II - In addition to approved accommodations, the following are permitted:

<input type="checkbox"/>	Scratch paper	<input type="checkbox"/>	Class notes	<input type="checkbox"/>	Dictionary
<input type="checkbox"/>	Scantron	<input type="checkbox"/>	Open book	<input type="checkbox"/>	Thesaurus
<input type="checkbox"/>	Calculator Model (if applicable): _____	<input type="checkbox"/>	Computer (online test, word processing, etc.)	<input type="checkbox"/>	Other: _____

Special Instructions: _____

PART III - Test Disposition:

- Faculty pick-up
- Deliver to: Department _____ Bldg _____ Room _____
- Scan & email completed exam to _____@delmar.edu
- Not applicable - online exam

NOTE: Faculty submit this form to Disability Services Office (DSO) in HC 188 or via email DSOtesting@delmar.edu.

For DSO Internal Use Only		
<p><u>Received:</u> Date: _____ Time: _____ Initials: _____</p>	<p><u>Administered:</u> Date: _____ Start Time: _____ Initials: _____ End Time: _____ Initials: _____</p>	<p><u>Disposition:</u> Date: _____ Time: _____ Comments: _____ _____ _____ Print Name: _____</p>
<p><u>Internal Accommodations:</u> <input type="checkbox"/> Assistive technology: reader, scribe, JAWS, CCTV, KURZWEIL, other: _____ (circle all that apply)</p>		