



Test Accommodations

Student's Name: _____ **Instructor:** _____

Date of Test: _____

Time of Test: _____

The following are approved:

- Use of calculator Class notes allowed Use of computer
- No calculator allowed No class notes allowed Spell Check (computer)
- Open book allowed Scratch paper allowed Dictionary or Thesaurus
- No open book allowed No scratch paper allowed Scantron needed
- Extended Time Extended Time (time and a half) Or (double time)
- Assistive Technology (circle one) JAWS, CCTV, KURZWEIL

Special Instructions:

Return Completed Exam to:

Department of: _____ Bldg.: _____ Room: _____

FOR OFFICE USE ONLY

Date Exam Received: _____	Date of Exam: _____
Time: _____	Time Started: _____
Log In/By: _____	Time Finished: _____
	By: _____