Office of Accessibility Test Request Proctor Form for Professors/Instructors

Norton Campus Center, Student Development Suite, Office #228

Email: smfoster@bsc.edu or accessibility@bsc.edu   Phone: 205-226-7909/Fax: 205-226-3084

Please fill out and submit at least one week in advance of test date and confirm testing details with student.

Student Name: _____   F**aculty Name:** _____

Course Name: _____   **Date & time class takes test:** _____

Did the student receive professor permission to take this test on a different date/time than the class? Yes _____ No _____

If yes, date(s)/time permitted: _____

Amount of time class receives for the test in minutes: _____

Amount of extended time permitted (per accommodation) in minutes: _____

Total time in minutes (typically 1.5x): _____

Test format (mark all that apply): multiple choice____ essay____ math/problem solving____ listening____ online____ other____

Student may use (mark all that apply): calculator_____ book(s)_____ notes_____ scantron_____ other_____

Completed Test(s): Please check which of the following options you prefer.

____ Professor/Instructor picks up test from Office of Accessibility. Estimated time when test will be picked up: _____

____ Test returned by scanning and emailing. Email address for return _____

Additional Test Instructions (include how to contact professor, if needed, during testing):

Office of Accessibility Use Only

I am aware of and understand the Honor Code as related to testing. I am aware and understand that I am permitted to have in the testing room only the items which are preapproved by the professor. I am aware and understand if I need to leave the testing room I will then need to complete the test page by page, and will not be permitted to view or work on any previous pages when I return from being out of the testing room.

Student Signature:_____Date:_____

Apt Date:_____Time:_____Date Rcvd:_____Test rcvd: email___delivery ____fax_____other_____Staff initial_____

Approved testing accommodations used:

Start Time:_____Staff initial_____End Time:_____Staff initial_____Total Minutes:_____Incident Report: N/Y

Return Information: Done by:_____Date:_____Time:_____Returned by: Pickup____ OA delivery_____Email_____Fax_____

Pick up (Signature):_____Print:_____

Delivery information: Delivered by:_____Date:_____Time:_____

Received by (Signature)_____Print:_____