FORM A (Student)

Complete and return to Disability Services, 3rd Floor Library, at least one week before the date of the exam, otherwise this office cannot guarantee that you will receive all your accommodations due to staff and space availability.

TEST ACCOMMODATIONS REQUEST FORM

Student’s Name: ___________________________ Instructor’s Name: ___________________________

Class Details: (circle days) M T W Th F Time of Class: _______ - _______

Date of Class Exam: ________________ Course Name: __________________

REQUESTED TEST DATE AND TIME:

Date: ___________________________ Time: ___________________________

ACCOMMODATIONS NEEDED:

- Reduced Distraction environment
- Extra time
- Reader/Kurzweil
- Scribe/Dragon
- Calculator
- Spell checker
- Computer (please specify reason) ____________________________

Enlarged Font or Braille: (font) ________________ (size) _______

*I have read and agree to the Testing Guidelines listed on the back of this form.*

_________________________ ___________________________
Signature Date

08/23/2016

TESTING PROCESS GUIDELINES / STUDENT CONTRACT
1. ONCE TESTING BEGINS, STUDENTS MAY NOT LEAVE THE TESTING ROOM UNTIL THE TEST IS COMPLETED. Please use the restroom before your test.

2. STUDENTS MUST LEAVE ALL PERSONAL ITEMS OUTSIDE OF THE TESTING AREA. THESE INCLUDE:

   - BOOK BAGS AND PURSES
   - COATS
   - ELECTRONICS AND CELL PHONES
   - PERSONAL COMPUTER/FLASHDRIVES
   - SMART WATCHES

3. NO FOOD OR DRINK ITEMS WILL BE ALLOWED DURING TESTING IF USING A COMPUTER. We reserve the right to inspect any containers/packaging brought into the test room.

4. THE AMOUNT OF EXTRA TIME FOR TESTS WILL BE DETERMINED BY THE COLLEGE BASED UPON THE STUDENT'S DISABILITY AND DOCUMENTATION. Unlimited time is not an accommodation. The extra time will be calculated from the start of the pre-scheduled appointment. In the event that you do not show up, the test will be returned to the instructor.

5. THE TESTING SITUATION IS MONITORED. Academic dishonesty is not tolerated. Your test will be taken away and returned to the Professor/Instructor with a note stating Academic dishonesty.

FORM B (INSTRUCTOR):

This form must be given to your instructor at least One Week in advance of the exam date!

Student’s Name: ___________________________       Date:____________________
Instructor’s Name: ___________________________       Course No.:_________________
Instructor: Please complete and return this form with the test to Disability Services, 3rd floor Library, prior to the desired exam date. Tests may be emailed to disabilityservices@flcc.edu, preferably as a word document – for enlarging/brailleing purposes.

FOR PROFESSOR/INSTRUCTOR USE ONLY:

Time allotted for class to complete quiz/exam: _______hour(s) and _______minutes

PLEASE CHECK ONE:

Must take exam at same time as regular class
May take exam close to regular class time

CHECK ITEMS THAT APPLY:

Notes allowed
Open book
Calculator allowed
Spell checker allowed
Scrap paper allowed (Must be returned)
Typed essay allowed (instead of written in yellow booklet)

SPECIAL INSTRUCTIONS:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

METHOD OF EXAM RETURN:

Instructor picks up                        Interoffice mail

08/23/2016