TEST PROCTORING FORM

Office of Disability Services and Resources

256.549.8462 (Office) pclough@gadsdenstate.edu

Please return this form directly to the DSR office. Do not send the form through the student. DSR will send you a copy of the form for your records and will make a copy for the student upon request. Individual tests should be scheduled by the student as instructed below.

Please note that the <u>preferred method</u> of testing is for the <u>faculty member</u> to arrange accommodations **within the department to ensure test security**. However, if the test is to be proctored outside the department, DSR will secure proctoring services as a courtesy to faculty who are teaching online classes or are otherwise unable to administer the test. DSR will proctor the exam or will schedule a time when testing or media services can proctor the exam. Regardless of the proctoring agent, **the test should be sent to the DSR office.** (If a student requests a reader as an accommodation, DSR will administer the test.)

Student Name:				A #:		
Instructor's Name:				COUF	RSE:	
Email:			Office Locati	on:	I	
How will DSR receive Instructor will deceive Representative f How would you like I	eliver rom instructor's	Email s department will	deliver It is	an onlin _ Stude	ne test nt taki	ing test will bring exam
Special Instructions:						
Open Book? Open Notes? Dictionary? Calculator? Scratch Paper? Other Instructions:	YES	NO				
How much time is the cl	ass allotted for t	the test?	(V	Ve will det	ermine	extended time, if applicable.)
IT IS THE STUDENT'S PROCTORS FOR TESTS It is the student's Student MUST con	RESPONSIBILE S THAT NEED A responsibility to g ntact DSR to sche remind faculty to	ITY TO MAKE AN ACCOMMODATION of the second and appoint the deliver exams to Discourse to Discourse to Discourse to Discourse and Discourse to Discou	RRANGEMENTS ONS. e instructor. nt for the exam on	e week p	rior to	
I understand the stude result in not being able		ties as listed abo	ove and acknow	ledge th	nat to	not follow these could
Student's Signature:					_ Dat	te:
AS THE INSTRUCTOR OF IN THE DEPARTMENT A online tests passwords sho	RE DELIVERED	TO DSR AT LEAST	1 WORKING DAY			

Date: _____

Instructor's Signature: _____