Test Reservation Form

STUDENT SECTION

Name: _______________________________ Phone #: ________________________

Today’s Date: ___________________ Student ID: @____________________

Please check which accommodation(s) you need: (check all that apply)

____ Extended time (time and a half) _____ Braille
____ Extended time (double time)   _____ Optelec (CCTV magnification machine)
____ Separate Location             _____ Calculator (basic/scientific/graphing)
____ Test Reader (Read & Write Gold Software) _____ Scribe
____ Spellchecker                   _____ Enlarged print (min. 18pt font)
____ Computer for typing            _____ Other: ____________________

(INSTRUCTOR SECTION

Date of Test: _____________________________ Time of Test: _____________________
(as approved by instructor) (as approved by instructor)

Instructor’s Name: ________________________ In-Class Time Allotted for Test: _______ min

Instructor’s Signature: _____________________ Course Title: _______________________

ITEMS ALLOWED FOR TEST...

Book Allowed? [ ] Yes [ ] No
Notes Allowed? [ ] Yes [ ] No
Calculator Allowed? [ ] Yes [ ] No (Basic / Scientific / Graphing)
Formula Sheet Allowed? [ ] Yes [ ] No
***Provided by? [ ] Student [ ] Instructor
Scrap Paper Allowed? [ ] Yes [ ] No
Dictionary Allowed? [ ] Yes [ ] No
Computer Use Allowed? [ ] Yes [ ] No

TEST DROP OFF ARRANGEMENTS (must choose one)

_____ E-mail the test to testingcenter@niagaracc.suny.edu (preferred)

_____ Instructor will deliver the test to A-167 (Testing Center)

TEST PICK UP ARRANGEMENTS (must choose one)

_____ Instructor will pick up the test from A-167 (Testing Center) (preferred)

_____ Scan and e-mail the completed test back to the professor

FOR OFFICE USE ONLY

Date Reservation Form Completed: ______/____ Staff Initials ________ Instructor/Division Signature

Date Test/Exam Received: ______/____ Staff Initials ________

Date Test Picked Up/Scanned to Instructor: ______/____ Staff Initials ________
Standard Class Time: ________________________

Extended Time: ________________________

Date exam taken ________ Start Time ________ Staff Initials ________

End Time ________

*Student’s signature* ________________________________

Actual finish time ________ Staff Initials ________

*By signing here I confirm the start and the end times of the exam.

TEST ISSUES

Bathroom Break: Time Left: ________ Time Returned: ________

Test Irregularities (i.e. questions numbered oddly): (Please Explain)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Academic Misconduct: (Please Explain and Attach Any Pertinent Documentation)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

TEST ACCOMMODATION PROCEDURES

Step 1: Student is responsible for contacting the instructor one week prior to a scheduled test to discuss testing accommodations and how the instructor would specifically like the test handled. At this time the blue Test Reservation Form (this form) should be completed by both the professor and the student.

Step 2: The student will inform the Testing Center (A-167) at least 3 business days prior to the test date by handing in the completed blue Test Reservation Form.

Step 3: The professor will e-mail or drop off the test at least 3 business days prior to the test date. (Please do not send tests via interoffice mail)

Step 4: Student will arrive promptly to take test at the designated testing area at the time prearranged with the instructor. Students may only test at the prearranged time; tardiness will not be tolerated.

*Remember… it is your responsibility as a student to contact your instructors before the test to make these arrangements and to schedule a test time that allows you adequate time for your granted accommodation(s).