The Office of Disability Services (ODS), offers limited tests proctoring services when instructors are unable to arrange accommodations for students without disabilities. The proctoring sessions are expected to be like any other testing situations. If students are capable of taking exams on their own, the proctor will serve as a monitor. In order to provide accurate test proctoring services, please read through this form and fill it out to ensure that your expectations will be followed.

Tests are proctored at Testing and Disability Services (located on the 1st Floor of Galloway Hall). (The ODS is not responsible for picking up tests for students to take.) It is the professor’s responsibility to see that all tests are delivered in advance. It is the student’s responsibility to contact the Office of Disability Services to schedule all proctoring services at least two days before each test date. The submission of a semester schedule or class syllabus cannot be used as a means to schedule test-proctoring services. Emergency or last minute testing needs cannot be guaranteed.

Please remember: This form needs to be completed, signed, and returned to ODS before a student can have a test proctored. A completed form should be included in your test materials for each test that you need proctored. Feel free to make copies or print additional copies from the TDS website.

Student’s Name: ___________________________ Class: ___________________________

Semester: ___________________________ Instructor: ___________________________

Test Date: ___________________________ Office Location: ___________________________

Normal time allotted for this test:
If scantron is used, it must be included with the test. If scantron isn't included, students will be instructed to write answers directly on the exam.

The completed and sealed test will be picked up by: Instructor: _______ Student: _______

Request that ODS deliver the completed test: Yes: _______ No: _______ N/A: _______

Can a computer be used to take the test: Yes: _______ No: _______ _______

Is student allowed to schedule the test on a different day from the class? Yes: _______ No: _______ Date: _______

Can a calculator be used: Type: Yes: _______ No: _______ N/A: _______

Other guidelines or special instructions: __________________________

What is the best method of contact during testing time? Prefer Text: _______ Prefer Email: _______

Instructor’s Signature: ___________________________ Date: ___________________________

For Disabilities Services Use Only

Test date: _______ Test Name: _______ Start Time: _______ End Time: _______

Proctor: _______ Test Picked up by: _______ Test delivered by: _______

Signature of recipient: ___________________________ Date: ___________________________