



Office of Disability Service Test Proctoring Form

The Office of Disability Services (ODS), offers test proctoring services when instructors are unable to arrange accommodations for students with 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: _____
Office _____
Test Date: _____ 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: _____
Can a computer be used to take the test: Yes: _____ No: _____ N/A: _____
Is student allowed to schedule the test on a different day from the class? Yes: _____ No: _____ What Date: _____
Can a calculator be used: 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: _____ Contact # during test time: _____

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: _____