

Late, Test Adjustment Request Form

Disability Services, 425-3531, Mark Johnson, Coordinator

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Student completes this section

Feel free to request assistance from a Disability Services staff on the use of this form. For most tests this office expects to have five days to plan an adjusted test; two weeks are expected for a final exam. When that much time isn't available use of this red form can improve the potential that plans can be finalized fast enough to be ready by the desired date. However, if less than five days/ two weeks of planning time are available your professor can probably legitimately deny adjustment for this test. **Directions:** 1.) Fill out the top section; 2.) Ask the professor to fill out the bottom section; 3.) Return form to Disability Service. Arriving late to start a test can reduce your test time; being more than fifteen minutes late can require you to get the professor's permission to reschedule the test, which the professor could probably legitimately refuse.

Name (please print) _____ Email or phone # _____

Course Name _____ Course Number _____ Section _____

Professor's Name _____ Days the class meets _____ Class Time _____

Adjustments from my ESP that I want for this test: ____% Extended Time Word Processor Test Reading Proctor Test Writing Proctor Distraction reducing test location Other (explain) _____**▶ TEST DATE** _____ **TEST STARTING TIME** _____

I realize the Disability Service staff must inform professors about unusual circumstances that occur during a test.

Student's Signature_____
Date of Signature**Professor completes this section**

As less time exists than is typically required to plan an adjusted test you may probably legitimately decline to allow adjustment for this test; it wouldn't effect the student's option to adjustments on subsequent tests. **To make effective plans for a test Disability Services needs the following information:**

1. Do you agree with the test date and time the student has indicated above? Yes No**If not**, negotiate an agreeable date and time with student, cross out the obsolete info and indicate the revision.2. How much time will the student's **classmates** have to take this test? _____

3. How do you want the test to be transported?

 I will transport the blank test myself to Disability Service on: Date _____ Time _____ I will pickup the completed test myself from Disability Services on: Date _____ Time _____ Email my office to make arrangements for a student-staff to transport the test.

Other testing conditions I will allow _____

Professor's Signature _____ Date _____ Office Location _____ Phone _____

Disability Services uses trained student-staff to plan, handle, and monitor tests; they document involvement on the back of this form. Unless indicated otherwise (above) they expect these conditions: student will not leave the room, not use notes, books, or other items. Test monitoring staff cannot ultimately prevent a student from enacting other conditions or unilaterally terminate a test session early; they will document unusual circumstances and notify you.

Person who received the completed test (if Disability Services staff has delivered the completed test someplace):

Your location _____ Signature _____ Date _____ **Thank you!!**

Form Receiving Log

Date this form was received by DS Office _____

How was this form received? _____ Was front side sufficiently filled in? **Yes No**

Signature of DS staff who completed this box _____ Date _____

Place this form in the appropriate location for newly received Test Adjustment Request Forms.

Communication Log (Summarize the focus of planning contacts with the student or professor. Date/ initial entries.)

Test Transport Plans and Outcomes

Incoming "Blank Test"

Professor will deliver blank test to DS: Expected delivery date _____ time _____

DS to pick up blank test for professor: Pickup date _____ pickup time _____

 ↘ Test pickup location _____ DS staff assigned _____

How did incoming blank test arrive? Professor delivered DS staff picked up, staff initials & date _____

Outgoing "Completed Test"

Professor will pickup the completed test: Expected pickup date _____ time _____

Last DS staff who monitors test should return it to professor's departmental mail box ASAP.

 ↘ Delivery destination _____

How was completed test returned? Professor picked up DS staff returned, staff initials & date _____

Test Conducting Plan

Test date _____ Location reserved: _____

Adjustments required: _____% extended time distraction reducing location test reading test writing

word processor other _____

Do "other testing circumstances" (see front*) seem to alter the student's test adjustment options? Yes No

Test **start time** _____ Normal length of class time _____ Additional time allowed _____ Test **end time** _____

Test monitoring staff #1 _____ time starts monitoring _____ time stops monitoring _____

Test monitoring staff #2 _____ time starts monitoring _____ time stops monitoring _____

Test monitoring staff #3 _____ time starts monitoring _____ time stops monitoring _____

Test Outcomes Log

Test occurred: date _____ location _____ **start time** _____ **end time** _____

Monitor staff #1 _____ time on _____ time off _____ read? write? Signature _____

Monitor staff #2 _____ time on _____ time off _____ read? write? Signature _____

Monitor staff #3 _____ time on _____ time off _____ read? write? Signature _____

I saw no unusual test taking circumstances (initial if applies): staff #1 _____, staff #2 _____, staff #3 _____

The following unusual circumstances were observed (initial, date, attach additional pages if needed) _____