

Test Adjustment Request Form

Disability Services, 425-3531, Mark Johnson, Coordinator

version 3-17-08

Student completes this section

Directions for students: Feel free to request assistance from a Disability Services staff on the use of this form. **1)** Fill out the top section. **2)** Ask the professor to fill out the bottom section. **3)** Bring the completed form to Disability Service 5 days before the test date, or 2 weeks in advance for a final exam; when that much time doesn't exist before the test date please use a "Late, Test Adjustment Request Form" (red colored). Customarily you are expected to start this test the same day and time as your classmates; for deviations from this rule you must seek and receive the professor's approval. Arriving late to start this test can reduce the amount of time that will be available. Arriving more than fifteen minutes late may require you to seek the professor's permission to reschedule the test, which the professor could probably legitimately refuse.

Name (please print) _____ Email or phone # _____

Course Name _____ 3 digit course # _____ Section _____

Professor's Name _____ Regular class days _____ Regular class time _____

Adjustments listed on my ESP that I want for this test: Extended time, _____% more Word processor Test to be read out loud Writing assistance Distraction reducing test location Other (explain) _____**► DATE of TEST _____ WHEN will your test START? _____**

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

Student's Signature _____ Date _____

Professor completes this section**Disability Services cannot finalize plans for this adjusted test until the following information is received:**1. Do you agree with the test date and time the student has indicated above? Yes No**If not**, negotiate alternative date and time with student, cross out incorrect info, indicate and initial your revisions.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 _____

Phone Number _____ Office Location _____

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

Person who received the completed test (student-staff must be able to show they delivered the test to an appropriate person).

Your location _____

Date _____

Signature _____

Thanks!

Form Receiving Log

Date this form was received by DS Office _____

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

Signature of DS staff who completed this box _____ Date _____

Place 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 staff 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) _____