

Agreement for Testing Adjustments

Feel free to ask for assistance on the use of this form, for an explanation about anything it states, or to have this information in an alternative format.

Effective planning has to occur before an adjusted test can take place. You will need to communicate about this with the professor and potentially with Disability Services. For that reason the following conditions apply:

1. You must first give the appropriate professor an Adjustment Notification Memo indicating your option to have the adjustment. Get the memo from the Coordinator of Disability Services.
2. Each time you want the adjustment test you must proactively notify the professor and participate in the planning process. The professor can choose to arrange the test with or without involving the Disability Services Office. If the adjustment will prevent you from attending the start of another class, notify the professor and request an alternative test time. If you believe a professor's method of conducting the test will result in discrimination, tell the professor and immediately notify the Coordinator of Disability Services.
3. If a professor asks you to take the test through Disability Services you must schedule a test taking appointment by submitting a completed **Test Adjustment Request Form** to the office. It's your responsibility to ask the professor to fill out the bottom part of the form, and to get the form to Disability Services by 5 class days before the test date. For final exams the form should be turned in at least 2 weeks before the test date. Turning in such a request form, then subsequently asking to change the conditions that are indicated on the form, will require the professor's agreement and may create another delay of up to 5 days if the office has to revise its test conducting plans.
4. Either of the following two situations could terminate your ability to take a particular test with adjustment: failure to submit a request form early enough; or, arriving more than 15 minutes late to start a scheduled test. In either situation you'll need to re-obtain the professor's permission to take the test through this office. If the professor still allows the test through this office you might have to re-schedule the test taking appointment with a new request form.
5. For tests administered by Disability Services the following routines apply: a.) The starting and ending times are preplanned; b.) Starting time is the same time and day as the test begins in the classroom; c.) Notes, books, maps, and electronic devices cannot be used; d.) Only the test and necessary writing materials may be on or near the writing surface; e.) You remain in the testing room and do not access personal possessions until the test is finished; f.) The test is monitored by a staff office who can't give permission to deviate from the above routines. Professors can choose to allow other circumstances; ask the professor to list any other circumstances on the test request form.
6. By request, the above conditions may be altered if documentation sufficiently indicates why it's required for equal access/opportunity, and your Educational Support Plan lists the other conditions.
7. Unusual situations observed during a test are recorded and reported to the professor. Consequences that may result for inappropriate behavior are initially determined and enforced by the professor; either you or the professor may choose to involve the Dean of Students as a mediator.

I (please print name) _____, UWRF ID # _____, have had sufficient opportunity to ask questions and receive adequate answers about the above conditions. I understand the conditions and agree to them. I will ensure I receive a copy of this agreement form.

Student's signature _____

Date _____

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This Side For Office Use Only

Name of student who has this option _____

Date this form was received by Disability Services _____

Manner in which the form arrived _____

Disability Services staff who received form _____

Was the form signed and dated by the student? _____

If any other paper work regarding this student was received, along with this form, please describe:

Signature of person completing this box _____ Date _____