STUDENTS, complete the top portion of this form BEFORE requesting the professor to approve. Ask if you have questions.
1.) Complete the top section of this form; 2.) Present to your professor to complete and approve the request by signing the bottom portion; 3.) Bring the completed form to Ability Services, 129 Hagestad Hall. Testing is videotaped. Recordings may be reviewed if there are unusual testing circumstances. Contact Deb Morgan if you don’t agree with any portion of this form, 715-425-0740.

I acknowledge this form should be submitted a week prior to a scheduled test during the semester, and a minimum of 2 weeks prior to finals week. (The final exam schedule is posted on ESIS.)

Name (please print) ___________________________________________ □ Send test confirmation to my UWRF email
Course Name __________________________ Course Number __________ Section ______
Professor’s Name __________________________ Days the class meets __________ Class Time ______

Check the accommodations that you want for this test (must be listed on your ESP): □ ______% Extended time (fill in blank)
□ Room away from classmates □ Distraction reduced location □ Questions read aloud □ Writing assistance
□ Word processing Other (explain)________________________________________

TEST DATE/DAY (M-F) ___________________________ TEST START TIME _______________
When possible, your test day and time should correlate with the class. Allowing for extra time, list your start time. Verify no class conflicts.

Student’s Signature __________________________ Date __________________

My signature signifies that I agree with the above testing conditions in Ability Services.

PROFESSORS, please verify that the requested test date and time are acceptable before completing the portion below. Initial any changes above. You should consult Deb Morgan in Ability Services if you believe an accommodation will fundamentally alter an essential aspect of the test or course. Tests are typically monitored and recorded via closed circuit camera. A test may be handled by trained student staff. All employees document their involvement on the back of this form. They cannot entirely prevent questionable conduct; but they will confront, document and notify you of any unusual circumstance.

A test in Ability Services cannot be scheduled, nor confirmed, until this completed form is received in our office. It is the student’s responsibility to submit the form in a timely manner; a week prior to a test, a minimum of two weeks prior to finals. You will receive a confirmation email confirming the date, time, and transfer plans of the test.

1. How much time do you allow your students to complete the test in the classroom? __________________________ Minutes
   We add the student’s accommodation to the time you write here. Please do not calculate extended time. Fill in as requested.

2. Unless you indicate otherwise, only a pencil will be allowed in the testing area. All items you include in your test packet will be given to the student. Approve use of notes, books, laptop, calculators, etc. not included in packet, by listing items here.
   No cell phones are allowed. The student may use the following for the test: __________________________

3. □ Please supply a Scantron for an emailed test. ___50Q ___100Q

4. How do you want Ability Services to obtain a copy of your test? (please fill in date/time if you know when this form is completed)
   □ I’ll email a copy of the test to testing.abilityservices@uwrf.edu by: date____________ time ______________
   □ I’ll deliver it to Ability Services at 129 Hagestad Hall on: date____________ time ______________
   □ The test is on D2L

Professor’s Signature __________________________ Date __________ Office __________ Phone __________

The completed test will be returned to your office or your departmental mailbox. Someone must sign for it below.

FINISHED TEST RECEIVED By: __________________________

Office Location __________________________ Date __________

T:\Student Affairs\Ability Services\Accommodation Forms 8-2017 document
Form Receiving Log
This form was received in A/S on (date): ____________________ Time: ____________
How the form arrived: ☐ Student delivered  ☐ Other: ____________________________
Staff who received form: ____________________________

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

Planned Test Log
Test date/day ____________________ Location: ☐ Test room: _______________ ☐ Proctor (1-on-1): _______________
Start time ______________ End time ______________ Minutes for classmates ______________ Additional time ______________
Accommodations requested: see front side of this form. ☐ A.S. Laptop needed ☐ Student can use own laptop
Proctor __________________________ start time ______________ end time ______________
Replacement proctor (if necessary) __________________________ start time ______________ end time ______________

Incoming Test Transport Plan
☐ Professor will email test: date __________ time __________
☐ Professor will deliver test: date __________ time __________
☐ D2L – No transfer of physical test
☐ Other

Communication Log (Summarize any non-routine circumstances below the check boxes.)
☐ Professor was emailed to explain A.S.’s understanding of the plans for this test. Staff _______________ Date __________
☐ Student was notified the test will occur at A.S. via email. Staff _______________ Date __________

NOTES:

TEST LOG
Test date/day: ____________________ Location: ________________
Accommodations used: ☐ Room away from classmates ☐ DRL ☐ Word Processing 1:1: ☐ Reading ☐ Transcribing
☐ Other: __________________________ camera # __________

Starting Proctor __________________________ start time ______________ end time ______________
Replacement proctor, if necessary __________________________ start time ______________ end time ______________

☐ I saw no unusual test taking circumstances. (Initial here if more than one proctor) (1) __________ (2) __________
The following unusual circumstances were observed (initial/date, attach additional page if needed)

Proctor Signature: ________________________________________________

NOTES:

Upon Completion, the Test will be
☐ Returned to Professor’s Office (or department office if not available) ________________ ☐ Multiple tests to be returned
☐ Held for Professor to pick up from Ability Services
☐ Scanned/Emailed to Professor  ☐ Other: Completed test returned by (sign/date): ________________
☐ D2L – no test to be returned