This form should be completed for each test or quiz taken in Ability Services. **STUDENTS, complete your portion of this form BEFORE asking the professor to approve.** Once filled out, present it to your professor to complete the bottom portion and sign. Finally, bring the completed form to Ability Services, 123 Rodli Hall. It is recommended to use your syllabus to complete multiple forms and submit them early in the semester. Testing is proctored via closed circuit camera. Contact Ability Services if you have questions regarding this process, 715-425-0740.

**ACCOMMODATED TEST REQUEST FORM**

Student is responsible to turn in the form to the Ability Services front desk. Do not send via intercampus mail.

Turn into Ability Services at least 1 week prior to a semester test, and a minimum of 2 weeks prior to finals week.

Name (please print) ____________________________  Confirmation is sent to your UWRF email a couple days before the scheduled test.

Course (ex. PSYC101-02, not title) ____________________________  Class meets: M T W Th F  Time: ________

Professor’s Name ____________________________

Check APPROVED accommodations requested for this test:  *(We verify eligibility for those checked.)*  Extended Time  

☐ Room away from classmates  ☐ Distraction reduced location  ☐ Questions read aloud  

☐ Word processing  ☐ Writing assistance  ☐ Separate Room  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 following the test.

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 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 circumstances. Ability Services will contact you if the test time needs to change due to scheduling or proctor conflict.

A test in Ability Services cannot be scheduled, nor confirmed, until this completed form is received in our office. You will receive an email confirming the date, time, and transfer plans of the test a few days prior to the scheduled test.

1. **In the classroom, students receive ____________ minutes to complete this test.** Do not calculate the accommodated time. Please state only the amount of time you give the class.

2. **All items included in your test packet, or sent via email, will be given to the student.** We do not allow cell phone access during testing. Unless you indicate otherwise, only a pencil will be allowed in the testing area.

Please approve the following for the test:

☐ Notecard: 3x5  4x6 typed written  ☐ ONLY a pencil  ☐ ONLY a pen, blue/black

☐ Note page: 1 side  2 sides typed written  ☐ Notebook

☐ Calculator: ____________________________  ☐ Other: ____________________________

☐ Personal Laptop  ☐ Specialty software is required for this test, specify: ____________________________

3. **Separate answer form** ☐ Scantron ___50Q  ____100Q  ☐ IFAT  ☐ Sent with test 

4. **How do you want Ability Services to obtain a copy of your test?**

☐ 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 Canvas

Approval 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 was RECEIVED by: ____________________________  If student staff, please print first name: ____________________________

Office Location ____________________________  Date ____________________________
**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): __________________

Minutes for classmates: __________ Additional time: __________  **Start time** __________ **End time** __________

Accommodations requested: see front side of this form.  □ A.S. Laptop needed  □ Student can use own laptop

**Incoming Test Transport Plan**

☐ Emailed by:  date ________ AM PM  
☐ Delivered by:  date ________ AM PM  
☐ Canvas – 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.  
☐ Student was notified the test will occur at A.S. via email.  
Sign/date: __________________________________________

NOTES:

**TEST LOG**

Test date/day: __________________________ Location: __________________________

Accommodations used:  □ Room away from classmates  □ DRL  □ Word Processing  1:1: □ Reading □ Transcribing  
☐ Other: __________________________________________

Starting Proctor: __________________________________________  **Start time** __________ **End time** __________

Replacement proctor, if necessary: __________________________________________  **Start time** __________ **End time** __________

Test time ended by:  □ Accommodated Student  □ Proctor

Note here if unusual circumstances were observed: __________________________________________

☐ Was the professor notified? If so, how? __________________________________________

☐ I saw no unusual test taking circumstances. (Initial here if more than one proctor)  (1) ________  (2) ________

Proctor Signature: __________________________________________

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/Email to Professor by: ______________________, time: __________  
☐ Other: __________________________________________

☐ Canvas – no test to be returned  

*Completed test returned by (sign/date): ________________________________*