

Posted by/ Date: _____

Exam Room: _____

Start Time: _____ End Time: _____

**CAL STATE FULLERTON
DIVISION OF STUDENT AFFAIRS
OFFICE OF DISABLED STUDENT SERVICES
TESTING INFORMATION FORM**

Highlight Accommodations

Braille Audio Taped K3000

Etext/RTF ENLARGED CCTV

SCRIBE COMPUTER RM# _____

The following information is to be provided prior to each examination proctored by the Office of Disabled Student Services. For questions regarding the proctoring process, please call Robert Flores, extension 1658. **This form is due back to Disabled Student Services one week prior to the exam date for regular exams, and two weeks in advance for final examinations. If these guidelines are not met, there is no guarantee that the student will be accommodated by our office.** For questions concerning prescribed accommodations, please call the DSS professional staff person whose name is circled below.

Appropriate Accommodations prescribed by (circle one): Doug Liverpool Elisabeth Colcol Nicole Thorn- Stern Dena Leischner

SECTION I – To be completed by the student (please print)

Name: _____ Phone: _____

Instructor's Name: _____

Course: (Example: CAS 325) _____

Date of Exam in DSS: _____

Time of Exam in DSS: _____

SECTION III – To be completed by the Professor

Please initial materials allowed for the entire class.

<input type="checkbox"/>	Open Book	<input type="checkbox"/>	Notes Allowed	<input type="checkbox"/>	Spell Checker
<input type="checkbox"/>	Formulas Allowed	<input type="checkbox"/>	Tables Allowed	<input type="checkbox"/>	Dictionary
<input type="checkbox"/>	Crib Sheet Allowed	<input type="checkbox"/>	Charts	<input type="checkbox"/>	Graphing Calculator
<input type="checkbox"/>	Size of Crib Sheet	<input type="checkbox"/>	Computer	<input type="checkbox"/>	Non-graphing Calculator
<input type="checkbox"/>	# of Crib sheet pages	<input type="checkbox"/>	Special Instructions: (write below)		

SECTION II – To be completed by Disabled Student Services

Prescribed accommodations must be initialed

<input type="checkbox"/>	Alternate Location and Additional Time _____ 1.5x _____ 2.0x _____ Other (please specify)
<input type="checkbox"/>	Private Room
<input type="checkbox"/>	*Computer Room: _____ Dragon required for test _____ 113 _____ 114
<input type="checkbox"/>	Use of : _____ Calculator _____ Spell Checker _____ Dictionary
<input type="checkbox"/>	Test will be _____ Scribed* _____ Taped* _____ Enlarged _____ % If Scribed indicate _____ Scantron _____ Essay
<input type="checkbox"/>	*Other (please specify):

Date/Time Class is taking exam: _____
How much time is allowed in class for this exam/test? _____ hr. _____ min.
I approve the scheduled exam time (see Section I) _____ Yes _____ No

Test Procurement - (check one please)

_____ I will deliver the exam to DSS (IRVC-159) prior to the set date and time.

_____ I will email the exam to rflores@fullerton.edu

_____ Student may pick up the exam from _____ (location).

Test Return/Delivery – (check one please)

_____ I will pick-up the exam in DSS (IRVC-159) myself.

_____ DSS can return the test/exam to my department office. I understand that the exam may be delivered between 24-72 hours after completion of the exam.

_____ Student may return the exam to _____ after taking exam.

Signature of Professor: _____ Date: _____

Extension/ Phone Number : _____