SPECIAL EXAM INSTRUCTION FORM

To be used for students using DSS accommodations during testing. This can include Extended Test Time, Reader, Proctor, ASL Interpreter, Visual Interpreter, Scribe, Private Room or Assistive Technologies.

INSTRUCTOR: This form needs to be attached to the test in a sealed envelope and delivered to the Testing Center 1-2 instructional days before the scheduled test time. If you need the test to be in an alternative format you need to get the test to DSS at least 3 days prior to the test needing to be given to the test center. DSS will send directly to Testing Center. Please note that DSS students are responsible for organizing their testing accommodations with their instructor and DSS at least 3-2 instructional days in advance of the testing date. Note: faculty is responsible for picking up completed exams.

Private room testing is located in ZWC room 115 for students with authorized need. Students are responsible to schedule use of this room by contacting the DSS office at x2318 Program Coordinator, Jean Carlson or x2646 Director of DSS, Jamie Hatleberg. Note: faculty is responsible for picking up completed exams.

Student Name: ___________________________  Today’s Date: ___________________________
Course Name/Number: ___________________________  Date Exam is to be given: ___________________________
Time Class is Allowed on Exam: ___________________________  Time Student is allowed on Exam according to LOA: ___________________________

Please initial the instructions to be followed: (Testing Center strictly interprets this area)

_____ Book may be used  _____ Scratch paper may be used
_____ Notes may be used  _____ Other instructions: ___________________________
_____ Dictionary may be used  ____________________________________________
_____ Calculator may be used  ____________________________________________

Instructor Name ___________________________  Instructor Signature ___________________________
Office Location ___________________________  Phone ___________________________
Best time to Contact the Instructor on campus: ___________________________

(For Testing Center use only)
Exam Received (date/time): ___________________________  Date Exam Administered: ___________________________
Time Exam Started: See Clock Stamped Time on Test  Time Exam Ended: See Clock Stamped Time on Test
Proctor/Reader/Scribe Name: ___________________________
Comments: ___________________________
________________________________________________________________________
________________________________________________________________________