

OFFICE OF DISABILITY SERVICES - TESTING FORM

Please deliver secured exam with testing form at least 24 hours in advance to:

ODS-WYLY TOWER Rm. 318 (257-4221, ods@latech.edu)

*****PLEASE DO NOT USE CAMPUS MAIL*****

Student Name (print): _____

Course: _____ Class Time: _____ - _____ M T W R F

Test Date: _____ Time allotted for test (entire class): _____

Alternate Time for exam (or for classes starting after 3pm): _____

INSTRUCTOR PROCEDURES:

1. Please deliver tests to WYLY TOWER 318 at least **24 hours PRIOR to test time** in order to prepare for the specific needs of your student and avoid potential scheduling conflicts. **(Exams are kept in a locked safe until testing time.)**
2. Exams with testing form should be hand delivered in a sealed envelope to ODS coordinator, or deposited into the mail slot located on the outside the door of ODS (WT 318) at any time. Electronic transmission is accepted but only with a completed testing form and prior approval.
*****A completed testing form must accompany each exam.*****
3. If an exam is not received in ODS, students will be directed to the classroom with a medical locking bag or asked to reschedule with instructor.
4. In the event the student does not show, or is late for scheduled testing, the exam will be returned to the instructor. **(Specific testing tardiness policies should be explained to students and listed under special instructions on this form)**

INSTRUCTOR NAME (please print): _____

APPROVED MATERIALS/ SPECIAL INSTRUCTIONS: _____

EXAM RETURN OPTIONS (Please check one):

_____ Return test to my office: _____ (Bldg/Office Number) Slide under office door.

_____ Return test to the Departmental Office: _____ (Bldg/Office Number)

_____ I prefer to pick up the test in Office of Disability Services at my convenience.

Returned By: _____

Time and Date: _____

*Additional testing forms are available in ODS or at www.latech.edu/ods/teacher-testing-form.pdf