

OFFICE OF DISABILITY SERVICES

TESTING FORM FOR ACCOMMODATIONS

PLEASE HAND DELIVER TEST TO: **WYLY TOWER 318** (257-4221, ods@latech.edu)

24-48 hours prior to test time

(Test are secured in a locked safe until testing)

Student Name (print): _____

Course: _____

Class Time: _____ - _____ M T W R F

TEST DATE: _____

Time allotted for test (entire class): _____

STUDENT PROCEDURES:

1. **DISCUSS** testing accommodations with your instructors **by the first week** of the quarter. Student should give this form to your instructor.
2. Students are not allowed to leave testing center once the test has begun.
3. Only instructor approved (by stating on this form) materials are allowed in the testing center. PHONES, PURSES, and BACKPACKS are not allowed.
4. The Office of Disability Services does not supply testing material. Students should be prepared with scantron, calculator or any other approved material.
5. Students who are late to testing will not be allowed to test unless specifically approved by the instructor. **WITHOUT EXCEPTION**, tests will be returned to the instructor for students who fail to show for the scheduled testing time or leave the testing center during testing.

INSTRUCTOR PROCEDURES:

1. Please deliver test to ODS at least 24 hours PRIOR to test time. This allows us adequate time to prepare for the specific needs of your student and avoid potential scheduling conflicts.
2. Tests should be hand delivered in a sealed envelope. Tests can be deposited into the mail slot located on the outside door of ODS (WT 318) at any time. Electronic transmission is accepted but only with prior approval.
3. If the test is not received in the ODS Testing Center at the regular class time and date, student 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 for testing, the test will be returned to the instructor to the information listed below.

INSTRUCTOR Name (please print): _____

Please list instructor approved materials allowed during test: _____

Please check one:

_____ Return test to my office: _____ (Bldg/Office Number) Please Check to 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.

FOR OFFICE COPY ONLY

Start time:

End Time:

Returned to:

By:

Time and Date: