

## TESTING ACCOMMODATION REQUEST

Provision of the test accommodations is required by federal law when the accommodation is determined by the Learning Support and Disability Services Department to be reasonable for disability related needs. **It is the sole responsibility of the student to request testing accommodations by the Learning Support and Disability Services deadlines.** *Please note that the testing room will be proctored to assure academic integrity and assist with emergencies.*

### **\*INCOMPLETE FORMS WILL NOT BE ACCEPTED\***

**Section to be completed by STUDENT:** Complete and submit this form to the Learning Support and Disability Services Department at least one week prior to the exam date, (two weeks prior to the start of finals week). It is **your responsibility to ask the professor to complete his/her section of the form and submit the form to the Learning Support and Disability Services Department.** Read the reminders on page 2 regarding the accommodation.

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Student Email: \_\_\_\_\_ Student Phone: \_\_\_\_\_  
Course Name: \_\_\_\_\_ Professor: \_\_\_\_\_  
Course Number: \_\_\_\_\_ Course Meets (days/times): \_\_\_\_\_

### **Section to be completed by PROFESSOR:**

#### **Exam Details**

Date of Exam: \_\_\_\_\_ Day of the Week: \_\_\_\_\_  
Exam start time (in class) \_\_\_\_\_ Length of Exam (in class): \_\_\_\_\_

#### **Specific Allowances (check all that apply):**

- ☐ None/Closed book and note      ☐ Open Notes      ☐ Open Textbook      ☐ Calculator  
☐ Turn in Scratch Paper      ☐ Dictionary      ☐ Blue Book      ☐ Scantron  
☐ Reference Sheet(s): (describe) \_\_\_\_\_  
☐ Other/Special Instructions: \_\_\_\_\_

#### **Test will arrive at the Learning Support and Disability Services Department (check one):**

- ☐ Professor will hand deliver to the LSDS Department on \_\_\_\_\_  
(date)  
☐ Professor will email exam to [tkazan@collegeofidaho.edu](mailto:tkazan@collegeofidaho.edu)

#### **Test return method (check one):**

- ☐ Professor will pick up from the Learning Support and Disability Services Department (back of Hendren).  
☐ Learning Support and Disability Department will return exam to department mailbox # \_\_\_\_\_.

Professor's Printed Name \_\_\_\_\_ Professor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Testing Accommodation Reminders

- Students are expected to arrive on time for the exam and no extra time will be given for tardiness. If you are **more than 20 minutes late**, we will send the exam back as a **NO SHOW**. With the professor's consent (through written or electronic form), you may request to re-schedule the exam.
- Students are responsible to notify the Learning Support and Disability Services Department at least 48 hours in advance of any changes to the testing accommodation request. For example, if the test date was postponed by the professor, the student must contact the Learning Support and Disability Services Department of the change. **There will be no changes made to the testing times the day of the exam, it will need to be rescheduled.**
- We recognize that when students take tests in the Learning Support and Disability Services Department, the instructor may or may not be available during the time of the test to answer questions that might arise, or to share information with the student testing separately that is shared with the rest of the students testing in the class. We have taken several steps to ensure the best possible access to such information as the need arises.
- If there is a testing irregularity, the exam will be taken up and returned to the professor along with an incident report given to the professor.
- Testing rooms will be monitored during all exams by a proctor. Students whose accommodations include a scribe and /or reader will be provided this accommodation during exams.

Questions? Contact Tony Kazan at x5141 in the Learning Support and Disability Services Department or by e-mail @ [tkazan@collegeofidaho.edu](mailto:tkazan@collegeofidaho.edu)

### Learning Support and Disability Services Department Use Only:

Exam Scheduled:

Day of the Week	Date	Start Time	End Time	Room	Proctor

Notes: \_\_\_\_\_

\_\_\_\_\_

Proctor: \_\_\_\_\_

Exam Ended: \_\_\_\_\_

Testing Room: \_\_\_\_\_

Return Exam to: \_\_\_\_\_

Date: \_\_\_\_\_

Date Exam Returned: \_\_\_\_\_

Exam Began: \_\_\_\_\_