

DISABILITY RESOURCE CENTER  
PHONE: (425) 564-2498, ROOM B132  
\*\* PROCTORING FORM \*\*

STUDENT TO PROVIDE SHEET TO INSTRUCTOR TWO WEEKDAYS BEFORE TEST

STUDENT NAME: \_\_\_\_\_

CLASS NAME: \_\_\_\_\_

INSTRUCTOR NAME: \_\_\_\_\_

SCHEDULED EXAM DATE & TIME: \_\_\_\_\_

TESTING INSTRUCTIONS PER INSTRUCTOR:

- Total test time given to class: \_\_\_\_\_
- Open Book: yes / no
- Open Note: yes / no
- Calculator: yes / no
- Scantron Required: yes / no
- Blue Book Required: yes / no
- Other Faculty Instructions: \_\_\_\_\_

RETURN EXAM TO INSTRUCTOR VIA:

- Campus mail to division office room: \_\_\_\_\_
- I will pick up at the DRC: \_\_\_\_\_(initial)

\_\_\_\_\_  
**INSTRUCTOR SIGNATURE**

\_\_\_\_\_  
**DATE**

*In accordance with federal laws and regulations the following student has qualified for extended time testing (standard is time and a half) through the DRC. The student agrees to schedule exams at the DRC and provide a proctoring sheet to the instructor two weekdays prior to test.*

***\*\*Note: No tests will be administered without this completed sheet.***

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**

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