

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

STUDENT TO PROVIDE SHEET TO INSTRUCTOR TWO WEEKDAYS BEFORE TEST

STUDENT NAME: _____

CLASS NAME: _____

INSTRUCTOR NAME: _____

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 Room: _____
- Student to Room: _____
- I will pick up at DSS: _____(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 DSS office. The student agrees to schedule exams at DSS 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