

Gordon State College
Exam Accommodations Form

Part I

To Be Completed by Student: GC ID# _____ Semester 2013/2014

Student Name: _____ Phone: _____

Instructor _____

Course Name & No. _____ Meeting Time and Days _____

SCHEDULE OF TESTS TO BE TAKEN WITH ACCOMMODATIONS

*Dates and times must be approved by instructor

*Any changes must also be approved by instructor

<u>Test #</u>	<u>Date</u>	<u>Amount of Time Class is allotted for Test</u>	<u>Start Time</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
Final	_____	_____	_____

Type of Assistance Required:

Extra Time (1 ½) _____ Extra Time (Double Time) _____

Enlarged Print _____ Reduced Distraction Space _____ Separate Space (only if specifically approved on accommodation letter)

_____ Assistive Technology (ex. JAWS, Braille Reader, electronic reader)

Other (specify) _____

STUDENT NOTICE: Bring only the items approved by instructor with you to test. Do not bring personal items (ie. Purse, phone, books, notes, etc.) with you when you come to test. **The Testing Center will not be responsible for securing/holding any items for students. Having to leave to secure personal items may delay testing, however additional time will not be added to testing time.**

Student Must Return Form Directly to Testing Center
AT LEAST 2 WORKING DAYS PRIOR TO TEST

Note: *Submitting a Testing Accommodation Form does not guarantee testing accommodations with the Testing Center. Testing accommodations are provided on a first-come, first-served basis. Exams must be completed between the hours of 8:00 a.m. and 5:00 p.m. Monday – Friday. Weekend hours are not available.*

Part II

To Be Completed by the Instructor:

Instructor and student must choose a mutually agreeable time for the test. The test must be received at least twenty-four hours (24) prior to the scheduled test time. Unannounced quizzes are the only exception. Tests may be sent via e-mail, or by hand delivery by instructor or his/her representative (cannot be a student).

****NOTE – if student is using assistive technology to test, or if the test must be enlarged the INSTRUCTOR IS RESPONSIBLE FOR PROVIDING TEST IN ELECTRONIC FORMAT to the Testing Center.**

How will the test be received by the Testing Center? (Please circle)

Instructor Will Hand Deliver

Email copy to both: Sue Gilpin (sueG@gordonstate.edu) and Peter Higgins (phiggins@gordonstate.edu)

*****Faculty – students are not allowed to take anything except a pen or pencil into the room with them when they are tested. On the following lines please note any (if any) class related material student is allowed to use during test (ie calculator, formulas, etc.) BE SPECIFIC:*** _____

How will the test be returned to the Instructor? (Please circle)
(Students should never be allowed to deliver or pick up tests.)

Instructor Will Pick Up

Instructor's Representative Will Pick Up

Instructor's Signature: _____ Date: _____

Phone: _____ Fax: _____

E-mail _____

Testing Center Staff Only

Testing form received date: _____ Staff Initials _____