

**CENTRE FOR STUDENTS WITH DISABILITIES
TESTING ACCOMMODATION FORM – Online Form**

STUDENTS: COMPLETE THIS BOX	
STUDENT: _____	COURSE: _____
INSTRUCTOR: _____	
TEST DATE: _____	START TIME: _____

FACULTY: COMPLETE THIS BOX
CLASS TIME ALLOTTED: _____ Hours _____ Minutes

CSD OFFICE USE ONLY
FINISH TIME: _____

ACCOMMODATIONS	
Students: Indicate accommodations needed with a ✓	
Faculty: Please INITIAL areas that apply:	
<i>Accommodations not INITIALED will NOT be permitted</i>	
<u>COMPUTER:</u>	<u>MATERIALS:</u>
Dragon (dictation) _____	Calculator _____
CCTV _____	Dictionary/Thesaurus _____
Internet Access _____	Formula Sheet _____
Kurzweil _____	Notes _____
eCentennial _____	Ruler _____
Spellcheck _____	Scantron _____
Word/Excel _____	Scrap Paper _____
	Textbook _____
Other _____	
Instructor's Signature: _____ EXT: _____	
Email: _____	
Where you can be reached DURING testing:	
Contact Tel #: _____	Room #: _____

STUDENTS RESPONSIBILITY:

1. Book test/exam in the CSD **ONE WEEK BEFORE** the test/exam date
2. Complete form and give to instructor

FACULTY RESPONSIBILITY:

1. Please provide TEST and COMPLETED yellow form by dropping it off during CSD office hours
2. Pick up completed test/exam once your student has written.