



Testing Protocol Exam Information Form

This form should be completed by the instructor and returned to [Accessibility Services](#) prior to the test date.

Student: _____ Course: _____ Instructor: _____

Testing Date(s): _____ Testing Time: _____

Amount of time allowed for class exam including accommodation time: _____

The students may use the following materials during testing (check all that apply)

- | | | |
|------------|--------------|-------------|
| Calculator | Textbook | Class Notes |
| Dictionary | Graphs | Lab Book |
| Thesaurus | FormulaSheet | Other _____ |

Students will Record answers (check one)

- | | | |
|-----------|----------|--------------|
| Test Copy | Scantron | Answer Sheet |
|-----------|----------|--------------|

Instructor would like to (check one)

- | | |
|-----------------------|---|
| PickUp Completed Exam | Receive Scanned Copy of Completed Exam by Email |
|-----------------------|---|

Instructors may pick up the completed exam at the Wynn 10-209 front desk

Please inform your student prior to testing date of any special
