



# WESTERN CONNECTICUT STATE UNIVERSITY

## AccessAbility Services TEST SCHEDULING FORM

### Student Information:

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Phone: \_\_\_\_\_

### Course Information:

Course: \_\_\_\_\_ Section: \_\_\_\_\_ Professor: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Instructor Preferred Method of Contact during Exam:  WCSU Email  Phone #: \_\_\_\_\_

### Test Information:

Type of Test:  Quiz  Exam  Midterm  Final  Other: \_\_\_\_\_

Date & Time of Test in Class: \_\_\_\_\_ Time allocated for test in class: \_\_\_\_\_

Date & Time of Test in AAS\*: \_\_\_\_\_ Professor Approved Different D/T

(\*All exams are to be taken during the scheduled time of the course unless otherwise specified by the instructor and approved by the AccessAbility Services Director.)

### Materials Allowed:

No Materials Allowed  Open Book  Scrap Paper  Calculator – Type: \_\_\_\_\_  Notes – Type: \_\_\_\_\_

Formula Sheet – Type: \_\_\_\_\_  Other: \_\_\_\_\_

Verified By AAS: \_\_\_\_\_ on: \_\_\_\_\_

### Test Delivery and Return Information:

#### Exam Delivery:

Email to: [aastesting@wcsu.edu](mailto:aastesting@wcsu.edu)

Fax to: 7-8848

Student in a sealed envelope

Professor/SA/TA will deliver

#### Exam Return:

Email to: \_\_\_\_\_

Fax to: \_\_\_\_\_

Student in a sealed envelope to: \_\_\_\_\_

Professor/SA/TA will pick-up

Please Note: Exams or quizzes that are to be proctored by AccessAbility Services must be scheduled **at least one week in advance by the student** to ensure space is available. Failure to provide adequate notice may result in the accommodations not being provided.

**AccessAbility Services USE ONLY: Accommodations**

**Accommodation Information:**

- Extended time – 1.5x **or** 2.0x     Reduced Distraction Environment     Scribe/Reader: \_\_\_\_\_
- No Scantron     Breaks     Large Print **or** Braille     Computer (Flash Drive # \_\_\_\_\_)
- Calculator     Assistive Technology: \_\_\_\_\_
- Other: \_\_\_\_\_

Accommodations Verified By AAS: \_\_\_\_\_ on: \_\_\_\_\_

**AccessAbility Services USE ONLY: Test Information**

**Form Received:**

Test Scheduling Form received by(initials): \_\_\_\_\_ on(date/time) \_\_\_\_\_ Professor Emailed on(date): \_\_\_\_\_

**Test Received:**

Date: \_\_\_\_\_

Delivered by (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Test Returned:**

Date: \_\_\_\_\_

Received by (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Proctor Monitoring:**

Location: \_\_\_\_\_ Time Began: \_\_\_\_\_ Initials: \_\_\_\_\_ Time Ended: \_\_\_\_\_ Initials: \_\_\_\_\_

Student excused from room: Time Out: \_\_\_\_\_ Time Returned: \_\_\_\_\_ Reason: \_\_\_\_\_

Type of Test:

- Multiple Choice     T/F     Short Answer     Essay     Other: \_\_\_\_\_

**Exam Analysis:**

Entered on (date): \_\_\_\_\_ by(initials): \_\_\_\_\_ File Entry on (date): \_\_\_\_\_ by(initials): \_\_\_\_\_

**STUDENT COMPLETES AFTER EXAMS ENDS**

I acknowledge that this exam was taken in accordance with WCSU **Student Code of Conduct and Statement of Disciplinary Procedures** at AccessAbility Services with the accommodations indicated above. The accommodations were appropriate and testing conditions were satisfactory.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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