

Office for Students With Disabilities
227 Seymour College Union
Phone: (585) 395-5409 Fax: (585) 395-5291

TESTING ACCOMMODATIONS

****REQUESTS MUST BE SUBMITTED THREE (3) DAYS
 IN ADVANCE OF ACTUAL TESTING DATE****

ADMINISTRATION OF EXAM/TEST

Student Name _____ Phone _____ Course # and Section _____

TESTING DATES AND TIMES IN O.S.D.

Date	Time	Instructor's Initials

<u>FACULTY INSTRUCTIONS</u>	YES	NO
Is exam/test open book?	[]	[]
... open notes?	[]	[]
Is a scantron form used?	[]	[]
May student use a calculator?	[]	[]
... a graphing calculator?	[]	[]
... a spellchecker/dictionary?	[]	[]
... scrap paper?	[]	[]
Exam/test materials, scrap paper to be returned?	[]	[]
FACULTY SEE REVERSE SIDE FOR DIRECTIONS		

Time allotted for
IN- CLASS TEST _____

Special instructions: _____

RECEIVING AND RETURNING OF EXAMS/TESTS

How Will Test Be Received?

[] FAX (395-5291), please call x5409 prior to faxing

[] E-MAIL smicheli@brockport.edu

[] INSTRUCTOR DROPOFF at 227 Seymour Union

If you have any questions or concerns,
 please call OSD at x5409.

How Will Test Be Returned?

[] INSTRUCTOR PICKUP at 227 Seymour Union

[] STUDENT RETURNS, in sealed/signed envelope

[] OSD RETURNS, in sealed/signed envelope
 to Dept. _____
 Bldg./Room# _____

OSD delivers exams/tests to on-campus departments only.
 A signature will be required upon delivery.
 Faculty may, on occasion, be required to pick up exams/tests.

_____ Instructor's Name (Please Print)	_____ Instructor's Signature
_____ Instructor's Office and Phone	_____ Instructor's E-mail address

STUDENT REQUEST FOR APPROVED ACCOMMODATIONS

Do you require a:

Read	Yes []	No []
Scribe	Yes []	No []
PC	Yes []	No []