

SHSU Service for Students with Disabilities (SSD)

**SSD Testing Form**

To Be Completed by Instructor

Huntsville Campus (Located in Lee Drain North Annex) Fax 936-294-3794, E-Mail: [disability@shsu.edu](mailto:disability@shsu.edu)

The Woodlands Center (TWC) Fax 936-202-5092 E-Mail: [twcdisability@shsu.edu](mailto:twcdisability@shsu.edu)

Link to Instructors Responsibilities: <http://www.shsu.edu/dept/disability/testing-procedures.html>

Student Name: \_\_\_\_\_

Course #: \_\_\_\_\_ Class Day/Time: \_\_\_\_\_ Campus: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

Instructor: \_\_\_\_\_

Instructor Phone: \_\_\_\_\_ Time Class Given to Complete Exam: \_\_\_\_\_

**Student May Use the following:**

\_\_\_ Graphing Calculator

\_\_\_ Handout Provided

\_\_\_ 3 x 5 Card

\_\_\_ Scientific Calculator

\_\_\_ Open Notes

\_\_\_ Full Handwritten Sheet

\_\_\_ Four Function Calculator

\_\_\_ Open Book

\_\_\_ Scratch Paper (provided by proctor)

**\_\_\_ NO Materials Allowed** (other than that provided by instructor, pencils and Scantron or Blue Book.)

Special Instructions: \_\_\_\_\_

**Return exam by ONE of the following (our office does not deliver exams):**

Huntsville CAMPUS	TWC CAMPUS
___ Email (Fill in Address) _____	___ Email (Fill in Address) _____
___ Fax (Fill in Number) _____	___ Leave with employee in the One Stop Shop
___ Campus Mail (Fill in Mail Box Number) _____	___ Place in mailbox in the Faculty Support Center
___ Instructor Pick-Up	___ Instructor Pick-Up
___ Other Pick-Up (Fill in Name) _____	___ Other Pick-Up (Fill in Name) _____
___ Sealed Envelope Sent with Student (Specify Bldg. and Rm number: _____)	___ Sealed Envelope Sent with Student (Specify Room Number _____)

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

<b>Below for SSD Office use:</b>	Test Scheduled for: _____
TF Received: _____	Test Received: _____
Test Taken: _____	Proctor/Reader: _____
Professor Called/Emailed: _____	Test Returned/Picked Up: _____