

SHSU SERVICES FOR STUDENTS WITH DISABILITIES (SSD)

STUDENT WITH DISABILITIES TESTING ACCOMMODATION GUIDELINES

1. It is the **student's responsibility to coordinate** the taking of an exam with accommodations with their instructor. The **student is responsible** for scheduling the exam with the SSD Center **at least 3 (three) working days prior** to the exam. **NOTE: It is not mandatory** that the student take the exam in the SSD Center. If an instructor has an area that meets the requirements designated by the Classroom Accommodations, the instructor may utilize this option. Due to limited space, appointments for testing in the SSD Center will be on a first come, first served basis.
2. The instructor shall complete the below form. The instructor should send **the exam, a copy of the Classroom Accommodations Request Form, and this form** to the SSD Center. The instructor/T.A. may hand-carry, fax to **ext. 43794**, or e-mail using **Submit** button at the bottom of form. This should be done **at least 3 (three) working days prior** to the scheduled testing appointment. If emailing you can attach a copy of the test to the email.
3. Students must be on time for their appointment. Students arriving later than 15 minutes will not be allowed to take the exam. The student will need to coordinate rescheduling of the exam with the instructor. If mitigating circumstances occur, the test will be given. A notice of delay will be sent to the instructor with the test. Timing for the exam begins at the scheduled appointment time. Students are required to provide their **own testing tools**. This includes knowing how to operate specialty software that will be utilized.
4. Students should expect to adhere to the same policies when taking an exam in the SSD Center as in the classroom, i.e., no food or drinks, no restroom time; unless noted in their accommodations.
5. If students are suspected of cheating, they will be allowed to complete the test. Upon completion of exam, report by staff and any evidence confiscated will be attached to the test and sent to the instructor for their disposition.
6. Refer to www.shsu.edu/~counsel/testingprocedures.html for further information. If you have any questions please contact Shannon Lockhart-Johnston ext 41715 or ShannonLJ@shsu.edu.

TESTING ACCOMMODATION FORM

Student Name: _____ Date: _____ Class: _____

Instructor: _____ Phone: _____ Fax: _____

Standard classroom time allowed for exam _____ Date of Appt: _____ Time of Appt: _____

During the exam the student may: Not use any notes or books _____ Use books and/or notes _____

Use calculator _____ Special Instructions: _____

Exam will be returned to the instructor by: Instructor will pick up _____ Fax to Instructor _____

T.A. will pick up (Name) _____ Send by Campus Mail - Box # _____

TESTING SITE: SHSU COUNSELING CENTER/SERVICES FOR STUDENTS WITH DISABILITIES

(located next to Farrington Building)

Ext. 41715

Fax: 43794

www.shsu.edu/~counsel Services for Students with Disabilities