

SHSU Service for Students with Disabilities (SSD)

Testing Accommodation Form

To Be Completed By Instructor

Student Name: _____

Class Name: _____ Day/Time: _____

Date of Appointment: _____ Time: _____

Instructor: _____

Instructor E-Mail: _____

Instructor Phone: _____ Standard Time for Exam: _____

Student May:

Not Use Calculator

Use Scientific Calculator

Use Four Function Calculator

Use 3X5 Card

Full Handwritten Sheet

Handout Provided

Open Notes

Open Book

No Materials

Special Instructions: _____

Return exam by ONE of the following:

Email _____ (if other than professor)

Fax _____

Campus Mail _____

Instructor Pick-up

Other Pick-up _____ (Name)

Sealed Envelope Sent with Student

Instructor Signature: _____

Office Use Only

Appointment Scheduled _____

Test Form Received _____

Test Received _____

Professor Called/Emailed _____

Proctor _____

Reader _____

Test Taken _____

Test Returned/Picked Up _____