

SHSU Service for Students with Disabilities (SSD)
Testing Accommodation Form
To Be Completed by Instructor
Fax 936-294-3794, E-Mail: disability@shsu.edu

Link to Instructors Responsibilities: <http://www.shsu.edu/~counsel/testingprocedures.html>

Student Name:

Class Name:

Day/Time:

Date of Appointment:

Instructor:

Instructor E-Mail:

Instructor Phone:

Standard Time for Exam:

Student May:

Not Use Calculator

Handout Provided

Use 3 x 5 Card

Use Scientific Calculator

Open Notes

No Materials

Use Four Function Calculator

Open Book

Full Handwritten Sheet

Special Instructions:

Return exam by ONE of the following:

Email

(if other than professor)

Fax

Campus Mail

(Box number)

Instructor Pick-Up

Other Pick-Up

(Name)

Sealed Envelope Sent with Student

Instructors Signature:

Below for SSD Office use:

Test Scheduled for:

TAF Received:

Test Received:

Test Taken:

Proctor/Reader:

Professor Called/Emailed:

Test Returned/Picked Up: