

SHSU Services for Students with Disabilities (SSD)

SSD Testing Form

To Be Completed by Instructor and submitted to the SSD Office in person at the Lee Drain Annex, by Fax 936-294-3794, or by E-Mail: disability@shsu.edu

Link to SSD Testing Procedures: <http://www.shsu.edu/dept/disability/testing-procedures.html>

Student Name: _____

Course #: _____ Class Day/Time: _____ Campus: _____

Date of Appointment: _____ Appointment Time: _____

Instructor: _____

Instructor Phone: _____ Standard Time Allowed for Exam: _____

Student May Use the following:

- | | | |
|---|---|---|
| <input type="checkbox"/> Graphing Calculator | <input type="checkbox"/> Open Notes | <input type="checkbox"/> Software/Website
(Please Specify Below) |
| <input type="checkbox"/> Scientific Calculator | <input type="checkbox"/> Open Book | <input type="checkbox"/> Scratch Paper
(Provided by proctor) |
| <input type="checkbox"/> Four Function Calculator | <input type="checkbox"/> Note/Formula Card | <input type="checkbox"/> Other
(Please Specify Below) |
| <input type="checkbox"/> Handout Provided | <input type="checkbox"/> Note/Formula Sheet | |

NO Materials Allowed (other than pencils, Scantron, or Blue Book)

Special Instructions: _____

Please return exam by ONE of the following methods (SSD does not hand-deliver exams):

Campus Mail (Fill in Mail Box Number) _____	Instructor Pick-Up _____
Email (Fill in Address) _____	Other Pick-Up (Fill in Name) _____
Fax (Fill in Number) _____	Sealed Envelope Sent with Student (Specify Bldg. and Room Number) _____

Instructors Signature: _____

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