

**Please complete this form and include when sending tests to the SDRS office.**

Course and Section #: \_\_\_\_\_

Location for test to be returned: \_\_\_\_\_

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

Instructor Contact (phone/email): \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Time exam is scheduled for the class. \_\_\_\_\_

Time Allotted for exam in classroom: \_\_\_\_\_

SDRS will calculate the amount of time student is allowed to test based on their accommodations.

If student is a no-show, do you want the exam returned the same day?: Yes or No

Student Name(s): \_\_\_\_\_

Can the student(s) write on the exam? Yes or No

Can the student(s) use anything other than pen or pencil, scantron and/or bluebook on this exam? Yes or No

If yes, please check any of the following that are allowed for the student taking this exam.

\_\_\_\_\_ Student may keep exam

\_\_\_\_\_ Open Book

\_\_\_\_\_ Handwritten Notes

\_\_\_\_\_ Speller/spell check

\_\_\_\_\_ Class notes/Note cards

\_\_\_\_\_ Periodic table

\_\_\_\_\_ Thesaurus

\_\_\_\_\_ Dictionary

\_\_\_\_\_ Rulers/scales

\_\_\_\_\_ Formula Sheets (please describe quality/quantity i.e. one 3x5 card)

\_\_\_\_\_ Calculator (please be specific about type allowed) \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date