Testing Accommodations with Disabilities Services  (Duke 108; Ext. 6500)

Please note: Unless there is an emergency, the student will not be allowed to leave the Advising Center once s/he begins the test without the professor’s written permission on this form. Also, the student may not use her/his own lap top or disc for testing.

Professor/Student Information:

Professor’s name:_________________________________________  Course and Section:_________________________________________

Student’s Name:_________________________________________  Student’s Cell Number:______________________  Test date and time:_________

SIX Guidelines for Test Administration (to be completed by faculty member)

I. Students are not generally allowed to leave once testing has begun. Do you wish to alter this procedure for this test? If so, how?________________________________________________________________________________________________________

II. Indicate how Disabilities Services will receive the exam.

   _____Instructor will deliver it to D108

   _____The student will bring it with him/her
   (In a sealed envelope if you choose.)

III. What materials may the student use?

   a. none_____  b. book____
   c. notes_____  d. calculator - simple or programmable
   e. computer_____ f. dictionary____
   g. internet_____ h. moodle_____  
   i. special software program __________
   j. other:________________________
   k. Blue Book______of______turned in (office use)

IV. How do you want the test returned to you? (We do not use campus mail and we do not recommend having the student slide the completed test under your door.)

   a. The professor will pick it up in Duke 108. ______
   b. The student will return it to the professor in a sealed envelope. ______

V. CIRCLE your preferred contact method below if there are questions during the testing period:

   Elon Email   Cell Phone (list number)_________________________  Office Ext.   Other:_________________________

VI. How much time will you allow your class to take the test? (Not the time allotted for this student)

   70 min. (MWF)  100 min. (TTH/MW)  other:_________________________

Professor’s signature:_________________________________________  Date:_________________________

Office Use

Start time:__________(am/pm)  Test should end at:__________ (am/pm)  Finish time:__________ (am/pm)

Professor was contacted with a question during the testing time: yes      no

Proctor’s signature:_________________________________________  Date:_________________________

On my honor, I will abide by (or have abided by) the Elon University Honor Code.

Student signature:_________________________________________