

REQUEST FOR ALTERNATIVE TEST ADMINISTRATION

Please note the following:

- The **student** is responsible for completing the first section **and** ensuring his/her instructor completes the second section before returning this form to **Student Disability Services (SDS)** in the Student Services Building Room 118.
- Tests must be received at least 24 hours prior to the test time.
- Student Disability Services is responsible for test security, designating a test proctor when needed, as well as assuring delivery of the test from faculty to Student Disability Services.
- The Student Disability Services hours are from 8:00 am to 5:00 pm Monday – Thursday
- Please contact Student Disability Services at 864-592-4818 if you have any questions.

S T U D E N T	<p>a. Name: _____ Course: _____ Instructor: _____</p> <p>b. I am requesting the following accommodation(s) as specified in my accommodation letter:</p> <p><input type="checkbox"/> extended time (50% more time) <input type="checkbox"/> reader <input type="checkbox"/> use of technology</p> <p><input type="checkbox"/> separate, low distraction room <input type="checkbox"/> transcriber <input type="checkbox"/> other: _____</p> <p>c. Student signature: _____ Date: _____.</p>
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I N S T R U C T O R	<p>a. The student and I have agreed that he/she will take this test at the following date and time: Date: _____ Time: _____</p> <p>b. Coordination of test pick-up (select one of the following):</p> <p><input type="checkbox"/> Test will be ready: Date: _____ Time: _____ Location: _____</p> <p><input type="checkbox"/> Test will be forwarded electronically to brantleyg@sccsc.edu no later than: Date: _____ Time: _____</p> <p>c. Location for test return: _____</p> <ul style="list-style-type: none"> • Tests will be sent by campus mail no later than 5:00 pm on the test date unless other arrangements are required • Faculty should be prepared to pick up any exam from SDS office that need to be graded immediately <p>d. The following test administration considerations apply to this test</p> <p><input type="checkbox"/> open book <input type="checkbox"/> Scantron sheet <input type="checkbox"/> notes allowed <input type="checkbox"/> calculator allowed</p> <p><input type="checkbox"/> closed book <input type="checkbox"/> Blue Book <input type="checkbox"/> no notes allowed <input type="checkbox"/> other _____</p> <p>Please specify if you have other or additional instructions regarding the scheduling or proctoring of this test</p> <p>_____</p> <p>Instructor signature: _____ Date _____ Extension: _____</p>
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STUDENT DISABILITY SERVICES COMPLETES THIS SECTION

Accommodated time allotted for test: 1 hr 15 min 1 hr 53 min other: _____

Actual Start Time: _____ Actual Finish Time: _____

Test proctor signature: _____ Date: _____

A-T LAB REQUEST FOR ALTERNATIVE TEST ADMINISTRATION

Please note the following:

- The **student** is responsible for completing the first section **and** ensuring his/her instructor completes the second section before returning this form to the Assistive Technology Lab (A-T Lab) in the West Building, Room C-04E.
- Tests must be received at least 24 hours prior to the test time.
- The staff of the A-T Lab is responsible for test security, designating a test proctor when needed, as well as assuring delivery and return of the test between the faculty and the Lab.
- The A-T Lab hours are from 7:30 am to 4:00 pm Monday – Thursday
- Please contact the A-T Lab staff at 864-592-4719 if you have any questions.

S T U D E N T	<p>d. Name: _____ Course: _____ Instructor: _____</p> <p>e. I am requesting the following accommodation(s) as specified in my accommodation letter: <input type="checkbox"/> extended time (50% more time) <input type="checkbox"/> reader-writer <input type="checkbox"/> use of technology <input type="checkbox"/> separate, low distraction room <input type="checkbox"/> transcriber <input type="checkbox"/> other: _____</p> <p>f. Student signature: _____ Date: _____.</p>
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I N S T R U C T O R	<p>e. The student and I have agreed that he/she will take this test at the following date and time: Date: _____ Time: _____</p> <p>f. Coordination of test pick-up (select one of the following): <input type="checkbox"/> Test will be ready: Date: _____ Time: _____ Location: _____ <input type="checkbox"/> Test will be forwarded electronically to smiths@sccsc.edu no later than: Date: _____ Time: _____</p> <p>g. Location for test return: _____ <ul style="list-style-type: none"> • Tests will be sent by campus mail no later than 5:00 pm on the test date unless other arrangements are required • Faculty should be prepared to pick up any exam from the A-T Lab that needs to be graded immediately </p> <p>h. The following test administration considerations apply to this test <input type="checkbox"/> open book <input type="checkbox"/> Scantron sheet <input type="checkbox"/> notes allowed <input type="checkbox"/> calculator allowed <input type="checkbox"/> closed book <input type="checkbox"/> Blue Book <input type="checkbox"/> no notes allowed <input type="checkbox"/> other _____</p> <p>Please specify if you have other or additional instructions regarding the scheduling or proctoring of this test _____ _____</p> <p>Instructor signature: _____ Date _____ Extension: _____</p>
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A-T LAB STAFF COMPLETES THIS SECTION

Accommodated time allotted for test: 1 hr 15 min 1 hr 53 min other: _____

Actual Start Time: _____ Actual Finish Time: _____

Test proctor signature: _____ Date: _____