

DISABILITY SERVICES TEST ADMINISTRATION REQUEST FORM

EMAIL ALL TESTING MATERIALS TO DISABILITY SERVICES **TWO BUSINESS DAYS PRIOR** TO ADMINISTRATION

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Instructor	Name: _____ <i>Last</i> <i>First</i>					
	Contact: _____ <i>Email</i> <i>Cell phone</i> <i>Work phone</i>					
	Department: _____		Campus Address: _____			
Course	Current Semester: <i>Au</i> <input type="checkbox"/> <i>Sp</i> <input type="checkbox"/> <i>Su</i> <input type="checkbox"/> Incomplete <input type="checkbox"/> <i>From:</i> _____ <i>(Previous semester)</i>					
	Course Name & Number: _____ <i>(ex. CSCI 1101)</i> Course Synonym: _____ <i>(5-digit #)</i>					
	Format: <input type="checkbox"/> <i>Classroom</i> <input type="checkbox"/> <i>Blended</i> <input type="checkbox"/> <i>Distance Learning</i>					
Exam Information	Student Name (Please Print)	Date Taken	DS Staff	RM #	Time	
					Start: End:	
	Exam Name: _____ <i>(ex. Test 3, Quiz 2)</i>					
	Available Date: _____		Deadline Date: _____		Extended To: _____	
	Time Allowed (in class): _____			2X Time: _____		
			<i>Hour(s)</i>	<i>Minutes</i>	<i>Hour(s)</i>	<i>Minutes</i>
	Student's Testing Location: <input type="checkbox"/> Columbus <input type="checkbox"/> Delaware <input type="checkbox"/> Dublin <input type="checkbox"/> Reynoldsburg <input type="checkbox"/> Out of City					
	Instructor Permitted Materials:			Answer format:		
	<input type="checkbox"/> Book(s) - List Specifically in Special Instructions <input type="checkbox"/> Calculator Type: _____ <input type="checkbox"/> Dictionary/Thesaurus <input type="checkbox"/> Notes # of pages: _____ <input type="checkbox"/> Note Card(s) # and size: _____ <input type="checkbox"/> Formulas # of pages: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> NO MATERIALS ALLOWED			<input type="checkbox"/> Write answers on exam <input type="checkbox"/> Answer sheet provided by instructor <input type="checkbox"/> Flash drive provided by instructor <input type="checkbox"/> Essay booklet provided by DS <input type="checkbox"/> Scantron provided by DS <input type="checkbox"/> 50q <input type="checkbox"/> 100q <input type="checkbox"/> Online Assessment _____ <i>(ex. SNAP)</i> <input type="checkbox"/> Blackboard exam (Paper copy MUST be provided) Password: _____		
	Special Instructions/Comments					
Test Return Instructions: <input type="checkbox"/> Mailroom Delivery <input type="checkbox"/> Pick Up - Disability Services <input type="checkbox"/> Pick Up - Student's Testing Location						
Office Use	Received			Returned		
	<input type="checkbox"/> Drop off <input type="checkbox"/> Email <input type="checkbox"/> IOM <input type="checkbox"/> DS Print			Interoffice Mail <input type="checkbox"/> Faculty Pick Up <input type="checkbox"/>		
	Date: _____		DS Initials: _____	Date: _____		
	DS Sent to: <input type="checkbox"/> AQ <input type="checkbox"/> DC <input type="checkbox"/> DB <input type="checkbox"/> RB <input type="checkbox"/> OOC		Date: _____	Picked Up By: _____		
DS Accommodations Provided:						
<input type="checkbox"/> 2X Time <input type="checkbox"/> Audio/Electronic <input type="checkbox"/> Braille/Large Print <input type="checkbox"/> Calculator <input type="checkbox"/> CCTV <input type="checkbox"/> Frequent Breaks <input type="checkbox"/> Keyboard <input type="checkbox"/> Private Room <input type="checkbox"/> Scribe <input type="checkbox"/> Scribe for Scantron <input type="checkbox"/> Spell Check Access <input type="checkbox"/> Other: _____						