

REQUEST FOR TEST PROCTORING

Student Disability Resource Center
Tranquada Center
Phone: 909-607-7419
<http://www.cuc.claremont.edu/sdrc/>

FORM MUST BE SUBMITTED AT LEAST THREE (3) DAYS BEFORE YOUR TEST

DATE. Ex. Submit MON for a THURS test

SECTION 1: (TO BE COMPLETED BY STUDENT)

TESTER'S NAME: _____

ID #: _____ PHONE #: _____

EMAIL: _____

CLASS (DEPT. & COURSE #) _____

CAMPUS: _____ Request Test Date: _____ Time: _____

To be completed by Student

DISABILITY SERVICES INFORMATION (This section is to be completed ONLY by testers who are approved and registered with Disability Services on their home campus, and wish to utilize their approved accommodations.)

____ Individual Room ____ Computer

____ Extended Time (1.5x) ____ Reader

____ Extended Time (2x) ____ Scribe

____ Other: _____

STUDENT SIGNATURE _____ DATE _____

SECTION 2: TEST INFORMATION AND ALLOWANCES (TO BE COMPLETED BY CLASS PROFESSOR OR AUTHORIZED STAFF ONLY)

Please circle one: TEST QUIZ

TESTING DATE: (Multiple dates are permissible. Testing date does not have to be on the same day as the class)

TEST 1 _____ TEST 2 _____ TEST 3 _____ TEST 4 _____

TEST TIME-LENGTH (For Class): _____ AGREED START TIME FOR TEST: _____

WRITE Y OR N (YES or NO) BY EACH PART DENOTING WHAT MAY BE ALLOWED OR NEEDED FOR THE EXAM:

____ Time may be changed by the student with the SDRC (The date cannot be changed without written approval from Prof.)

____ Calculator (specify type, if necessary). Student must supply own calculator. _____

____ Internet Access ____ Open Book ____ Open Notes ____ Other (scratch paper, etc.) _____

NOTES (Special Instructions for exam) _____

SECTION 3: TEST ARRIVAL & RETURN INSTRUCTIONS (To be filled out by Professor)

TEST WILL BE DELIVERED BY:

____ Professor or TA to the SDRC
____ Professor or TA will email test
to sdrc@cuc.claremont.edu

TEST WILL BE PICKED UP FROM THE SDRC VIA:

____ Professor or TA will pick up exam
____ SDRC will scan and email exam back
____ Student will return exam (in sealed envelope)

EXPECTED DATE OF ARRIVAL: _____ EXPECTED DATE OF PICK-UP: _____

SECTION 4: PROFESSOR CONTACT INFORMATION

PROFESSOR NAME: _____ PHONE # _____

SIGNATURE: _____ EMAIL: _____

TA or authorized representative's name (if different than Professor) _____

GUIDELINES WITHIN THE REQUEST

- The SDRC will not assist with Testing Accommodations if the student is not registered with the Disability Coordinator on their home campus for the semester in which accommodations are being requested.
- Accommodations will be verified to ensure that they are currently approved for the student. Our computers are only for those approved for a word processor as an accommodation. Other students may have their own laptops that could be used in class or with the SDRC if approved by faculty.
- Student agrees with their signature that they will comply with the guidelines within this form and those established by the SDRC and their home campus Disability Coordinator. Student also promises that the work performed at the SDRC will be conducted with complete academic honesty with the aim to provide appropriate respect and concern for the test and testing accommodations provided. Any attempts to cheat or abuse academic trust will be reported.
- The professor or authorized TA/Staff should indicate the date/s that the student will take the test/s. This can be different than the date the rest of the class is testing. More than one test can be scheduled using this form so long as the tests are for the same class. Please list the separate test dates and understand that each date may have a different start time and length.
- When agreeing on a start time, please remember that testing with the SDRC must occur between 8am and 5pm, Monday-Friday. Please also consider how extended time may conflict with this and other courses taken by the student.
- Indicate the standard length of time (STD) that the class will have to complete the exam. This is the length used to calculate how long the SDRC student will have to test (1.5 times the STD, 2 times the STD, etc.) The SDRC will only proctor for a fixed amount of time based on our calculation.
- Please check the boxes that correspond with what you agree to allow the student to have access to. These aids should be fair and consistent with what other students in the class would be permitted to have access to.
- It is important for the SDRC to know how the exam is going to arrive to and leave our office. If the student is going to bring the exam in a sealed envelope, please arrange a time and location for the student to pick up the exam and agree on a start time that allows for transportation time to the SDRC. For instance, if a student is picking up an exam at 1pm before coming to the SDRC, then a 1:15-1:30pm start time is reasonable. For the returning of exams, we ask students to leave the exam with our office whenever there is uncertainty as to where the exam should be delivered, especially when the offices may be closed.

OTHER GUIDELINES AND THINGS TO KNOW

- The SDRC asks that students arriving late have permission from their professor/TA.
- All changes to scheduled exams must be approved by all parties.
- This form is an agreement between the **PROFESSOR** and **STUDENT**. The SDRC will administer exams according to the information established on this form.

Thank you for reading these guidelines. Please contact the SDRC if you have any questions.