

SERVICES FOR STUDENT WITH DISABILITIES TESTING INFORMATION FORM

Student Services Building 4.104 100 W. Dean Keeton St.
Campus Mail Code A5800 Phone: 471-6259 Fax: 475-7730

Office Use:
Exam _____
Recd: _____
RM#: _____

Exams are scheduled between 8:30am and 5:00 pm, Mon–Fri Only.

SSD requires receipt of this completed form **5 BUSINESS DAYS PRIOR** to the date of the exam in order to ensure availability and appropriate accommodations.

****Please Do Not Return this form via E-Mail. It must be Hand Delivered!**

ALL Fields must be completed! If form emailed and/or incomplete, exam will not be scheduled! **

STUDENT INFORMATION: TO BE COMPLETED BY THE STUDENT

Student Name: _____ Today's Date: _____

Student E-Mail: _____ Phone: _____

Name of Course/Course Number: _____

Exam accommodations approved for student by SSD:

- | | |
|--|---|
| <input type="checkbox"/> Time and a half of class time | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Double class time | <input type="checkbox"/> Scribe |
| <input type="checkbox"/> Other extended time: _____ | <input type="checkbox"/> Use of a spell check device |
| <input type="checkbox"/> Reduced distraction environment | <input type="checkbox"/> ATEC/adaptive software |
| <input type="checkbox"/> Braille | <input type="checkbox"/> Use of a computer (for essay only) |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Other: _____ |

INSTRUCTOR INFORMATION: Please complete each section

(If the student requires extended time and reduced distraction only, it is the professor's responsibility to provide these accommodations within his/her department.)

Name of Instructor _____ Phone # _____

Instructor's e-mail address _____

Date testing at SSD: _____ Time: _____ to _____

Date the class is taking the exam: _____ Time: _____ to _____

Additional exam resources for student's use while testing at SSD:

Example: calculator, notes, etc. _____

How will Instructor deliver exam to SSD?

- E-mail: ssd@uts.cc.utexas.edu
- Fax: 475-7730
- Hand delivered by Instructor/TA
- Via student in sealed envelope

How will Instructor receive exam?

- E-mail completed exam
- Hold for pick-up by Instructor/TA
- Via student in sealed envelope

Instructor's Signature: _____ Date: _____

**** Exams Are To Be Delivered 1 Day Prior To The Scheduled Exam. ****

Testing Hours are Monday-Friday beginning at 8:30am and ending at 5:00pm.

Services for Students with Disabilities has limited space available for students who require specialized adaptive equipment or service for testing. **Students without these needs should make every effort to arrange testing accommodations with the instructor, including reduced distraction environment and extended testing time.**

How to Test at SSD

1. Student should inform the instructor of the need to test at SSD. Student should ask the instructor to complete the Instructor Portion of the Testing Information Form.
2. **Completed forms should be returned to SSD 1 week prior to the scheduled exam.**
3. The SSD Testing Coordinator will schedule the exam for the same time and date as scheduled for the rest of the class, unless an alternative time was approved.
4. Once the exam has been scheduled, it will be the student's responsibility to keep the testing appointment. If for some reason the student is unable to test at the scheduled time, permission from the instructor must be obtained to reschedule the exam.
5. If a student fails to contact SSD to cancel or re-schedule an exam, SSD will notify the instructor of the student's failure to complete the exam at the scheduled time.
6. If a student misses three consecutive exams without contacting SSD, the student will be required to meet with the Testing Coordinator in order to review testing policies and procedures before further exams will be scheduled with SSD.

Important Note to Instructors

When providing SSD with a copy of an exam, please specify in writing the approved use of notes, texts, calculators or other materials. SSD will not allow those materials without explicit, written permission.

SSD STAFF USE ONLY

Form Received:

Name: _____ Date: _____

Scheduled on Calendar:

Name: _____ Date: _____

Testing Information:

Proctor Scheduled: _____

Testing Room: _____

Returned Exams:

- Emailed completed exam
- Instructor/TA picked-up
- Via student in sealed Envelope

Date: _____ SSD Staff: _____