

**ADA Disabilities Resource Center
Testing Accommodations Form**

TO BE COMPLETED BY STUDENT:

Student Name: _____	Instructor's Name: _____
Student Phone: _____	Instructor's Phone: _____
Student ID# _____	Subject/Course: _____
Student email: _____	

Instructors Control the Administration of their exams. If requested, the ADA Center verifies disability and the need for accommodation. The ADA Center will provide the accommodations the student is entitled to by reason of their documented disability. The ADA Center requests that you provide the following information in order to preserve the integrity of your exams. If the student requires a Scantron or blue book, please provide. The examinations may be delivered to the ADA by instructor/assistant; by student in sealed envelope; by fax to 282-4617; or by emailing to brenlaur@isu.edu. If you have any questions, please contact us at 282-3599. Thank you.

TO BE COMPLETED BY INSTRUCTOR:

Date Test should be administered: _____	Time test should be administered: _____
How many minutes does the rest of the class have for the test? _____	

GENERAL TEST INSTRUCTIONS: PLEASE CHECK YES OR NO IN EACH CATEGORY BELOW

	YES	NO
Computer		
Spell Checker		
Open Book/Open Notes		
Calculator		
Note card/sheet		
How many _____ What size _____		
Other: _____		

PLEASE CHECK HOW YOU WOULD LIKE THE EXAM RETURNED:

Courier Service to Department	
Campus Mail Box # _____	
Instructor/Assistant will pick up at ADA office	
Student should return in sealed envelope	

Instructor's Signature: _____ Date: _____