

# TEST FORM

This form allows Disability Services to provide testing services for one test.

Rendezvous 125 • Pocatello, ID 83209 • (208) 282-3599 (p) • (208) 282-4617 (f)

**Idaho State**  
**UNIVERSITY**  
Disability Services

## PART 1: TO BE COMPLETED BY STUDENT

Student Name: \_\_\_\_\_ Student Phone: \_\_\_\_\_  
Student ID: \_\_\_\_\_ Student Email: \_\_\_\_\_

## PART 2: TO BE COMPLETED BY INSTRUCTOR

Instructor Name: \_\_\_\_\_ Instructor Phone: \_\_\_\_\_  
Subject/Course: \_\_\_\_\_ Instructor Email: \_\_\_\_\_

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

### Allowable Materials:

(Please check YES or NO in each category below; "NO" is default)

YES NO

Computer: [ ] [ ]  
Spell Checker: [ ] [ ]  
Open Book/Open Notes: [ ] [ ]  
Calculator: [ ] [ ]

# of Notesheets (optional): \_\_\_\_\_ Size: \_\_\_\_\_

### Retrieval Instructions

(Please mark your choice; "Instructor pickup" is default)

Instructor pickup: [ ]  
Student pickup (sealed envelope): [ ]  
Intercampus mail to Box \_\_\_\_\_ [ ]  
Courier service to Box \_\_\_\_\_ [ ]

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART 3: TO BE COMPLETED BY THE ADA & DISABILITIES RESOURCE CENTER

Actual Start Time: \_\_\_\_\_ Scheduled End Time: \_\_\_\_\_

Total Time Allowed: \_\_\_\_\_ Actual End Time: \_\_\_\_\_

Final Action Taken: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

## PART 4: GENERAL INSTRUCTIONS

**Students are responsible for scheduling tests** with Disability Services if they will be using its testing facilities. Tests **MUST** be rescheduled at least **TWO days in advance**. **Finals MUST be scheduled one WEEK in advance**. If tests are not scheduled in advance, there is a possibility that the test may not be administered in Disability Services. **The student is then responsible for making other arrangements with the instructor**. To schedule tests please call 282-3599 or email the office at [ada@isu.edu](mailto:ada@isu.edu). Thank you.

**Instructors control the administration of their exams**. Disability Services will provide the accommodations the student is entitled to by reason of their documented disability. Disability Services requests that you provide the above 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 Disability Services by instructor/assistant, by student in a sealed envelope, by fax to 282-4617 or by emailing to [ada@isu.edu](mailto:ada@isu.edu). If you have any questions, please contact us at 282-3599. Thank you.