

Disability Services Test Cover Sheet

Today's Date: _____

Instructor Name	Full Time	Adjunct
Instructor Email		
Phone #:		
CRN:	Course #	
Course Name		
Test Name <small>(ex. Test 1, Ch. 2, Unit 3, Midterm)</small>		
Testing Dates/Deadline <small>(ex. Sept 17-21, Deadline Sept 21)</small>		
Test Method of Delivery <small>(place an X in the appropriate box)</small>		
<input type="checkbox"/>	Hard Copy	
	If Hard Copy, Student Responds by:	
<input type="checkbox"/>	Scantron <i>(provided by Instructor)</i>	
<input type="checkbox"/>	Instructor Designed Answer Sheet	
<input type="checkbox"/>	Directly on test copy	
<input type="checkbox"/>	Student's own paper	
<input type="checkbox"/>	LMS/Angel <i>(password, if required)</i>	
<input type="checkbox"/>	Other <i>(specify)</i>	
Supplemental Materials <small>(place an X in the appropriate box)</small>		
<input type="checkbox"/>	Scratch Paper <i>(provided by the disability services)</i>	
<input type="checkbox"/>	Notes <i>(please specify)</i>	
<input type="checkbox"/>	Calculator <i>(specify type)</i>	
<input type="checkbox"/>	Textbook	
<input type="checkbox"/>	Language Translation Dictionary/Device <i>(specify)</i>	
Is this test timed? <small>(place an X in the appropriate box)</small>		
<input type="checkbox"/>	Yes <i>(time limit)</i> _____ :Disability Services (Extended time + 1/2_____)	
<input type="checkbox"/>	No	
<small>Please Circle One:</small>		
Method of Return for Completed Tests <small>(place an X in the appropriate box)</small>		
<input type="checkbox"/>	Instructor's Campus Mailbox – BOA 5000 6000 9100	
<input type="checkbox"/>	Instructor's Campus Mailbox – McConnell Marion	
<input type="checkbox"/>	Instructor's Campus Mailbox – Rose Hill Council Grove	
<input type="checkbox"/>	Instructor's Campus Mailbox – El Dorado	
<input type="checkbox"/>	Instructor will pick up from Disability Services Office	
Special Instructions		
<u>Instructor Signature:</u>	Date: _____	

Student's Name:

Last Name

First Name

DISABILITY SERVICES OFFICE USE ONLY

Date Rec'd: _____
ND <input type="checkbox"/>
Ext. Time <input type="checkbox"/>
Reader <input type="checkbox"/>

Test Date: _____ Start Time: _____ Stop Time: _____

Disability Serv. Office Signature: _____

June 10, 2009