Student Form:

DSS Test Proctoring Request

Please Provide the Following Information:

First and Last Name: _____

Test Date: _____ **Test Time:** _____

Class #/Name: _____

Day(s): _____ **Time:** _____

Professor Name: _____

Type of Exam: ☐Quiz ☐Exam ☐Mid-term ☐Final

How much time does class normally receive?: _____

Accommodations Requested for this Exam:

☐ extra time (percent: _____)

☐distraction reduced, small group

☐distraction reduced, alone

☐reader

☐scribe

☐adaptive technology: _____

☐alternate format text: _____

☐breaks

☐drink in exam

Other Needs for Exam:

☐Computer: _____

☐Other: _____

Office Use Only

Date Request Rcvd: _____
Room/station Assigned: _____
DSS Staff Initials: _____

Date Test Taken: _____
Proctor: _____

Actual Start Time: _____
Calculated End Time: _____
Actual End Time: _____

Reader: _____
Scribe: _____
Tech: _____

Test Return Method:

DSS Staff Initials: _____

Date Returned: _____

☐ Campus Mail
☐ Emailed to Professor
☐ Hand Deliver-received by (name):

_____

Notes:

To Request Testing Services from DSS Submit Form:

- 3 *working* days before quiz and exam dates
- 5 *working* days before Final Exam dates

Return form to: DSS, Building 410, ASC, Room 124 or email to DSS@nwfsc.edu
Telephone: 850-729-6626 or 850-729-6079