Test Proctoring Form for the Disability Services Office

5 days advance notice is needed to schedule a proctor and room

Questions? Contact Vicky Wehner vwehner@truman.edu, 660 785-4478, McKinney Bldg.

STUDENT INFORMATION

Student’s Name: ___________________________ Banner ID: ___________________________

I agree to comply with all proctor policies and procedures for test proctoring. I understand that failure to do so may result in losing the privilege of using the proctoring services. I understand that the exam will not be administered if my arrival time is 15 minutes after the instructor’s stated start time. However, if I am late and within the 15-minute window, I understand the amount of time I am late will be deducted from the total time allowed for the test. I agree to abide by Truman State University’s Academic Dishonesty Policy and I understand that any violation of this policy will be reported to the Professor of record.

Currently, my test accommodations include: ___ time and a half ___ double time ___ quiet distraction free room ___ other, please list __________________________________________ Email __________________________

Signature: ___________________________ Date: ___________________________

FACULTY INFORMATION

Instructor’s Name: ___________________________ Course/Section: ___________________________

Phone #: ___________________________ Email: ___________________________

Office Address: ___________________________

Date Student will take exam: ___ ___/___ ___/___ ___

Start Time for Exam: _______ Total time allowed for exam (including extended time): ___________________________

INITIAL all allowable instruments/alternative format/accommodations:

___ None ___ Formula/ Tables ___ Calculator ___ Open Book

___ Open Notes ___ Scratch Paper ___ Computer

___ Assistive Tech (Dragon Naturally Speaking, Jaws)

Additional approved materials/Special Instructions: ___________________________

Test Delivery Info: (check one)

___ Test will be hand delivered to the Disability Services Office in the Student Health Center by 11:30 am the day before the test. (The doors are locked from 11:30-12:30 for lunch)

___ Test will be emailed to vwehner@truman.edu by 12:00 noon the day before the test.

Signature: ___________________________ Date: ___________________________

DSO Staff Only:

Time Started: _______ Staff Initials: _______ Time Ended: _______ Staff Initials: _______

Test Returned To: (Signature required of the person taking possession of the completed test from the DSO Staff)

_________________________________________ Date/Time ___________________________

DSO Staff Signature__________________________________________________________

updated 9/26/2013