**Confidential**

**DSS STAFF ONLY**

**Test Date: \_\_\_/\_\_\_/\_\_\_\_ Test Day: M T W R F**

**Test Start: \_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM**

**End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM**

**Camera & Seat #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Equipment Needed: CCTV JAWS ZoomText Desk**

**Canvas WORD/Type Text Reader**

**Internet No Interne Reminder Sent**

**Alternative Testing Program**

**Test Appointment Form for FINALS**

**Disability Support Services**

111 Guillot University Center

UNA Box 5008

**Phone: (256) 765-4214 Fax: (256) 765-6016 E-Mail: dss@una.edu**

The student and professor sections of this form must be completed and returned by student to Disability Support Office before tests will be scheduled and alternative testing services are provided. This form must be turned in to Disability Support Services **TWO WEEKS** before the desired testing day.

**Student Must Complete This Section**

 Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_

 Course Title/Number: \_\_\_\_\_\_\_\_\_\_\_\_ Day of class: MWF\_\_\_ TR\_\_\_ Time of class: \_\_\_\_\_\_\_\_

**Requested Service(s) Determined by Accommodations**

\_\_\_ **CCTV \_\_\_\_\_ Distraction Reduced Environment \_\_\_\_\_ JAWS \_\_\_\_\_ Extended Time**

 **\_\_\_\_\_ Zoom Text \_\_\_\_\_ Text Reader(WORD or Read & Write)**

 **\_\_\_\_\_ Word/Type \_\_\_\_\_ SAM**

 **\_\_\_\_\_ Canvas Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\*Professor/Instructor Must Complete This Section\***

 **Please circle one:** **M T W T F** **Date**: **\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_**\_ Class ***gets \_\_\_\_\_\_\_\_ minutes***

 **Please circle Start Time (regular or extended 1 ½ x): 8:00am 10:45am 1:30pm or Any of these**

 **Please circle Start Time (double time/low vision**)**: 8:00am 11:45am** or Either of these times

**Specify any materials allowed for this test (scantron, calculator, dictionary, text, notes):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please specify the means of test delivery to Disability Support Services:

\_\_\_\_\_ Professor will deliver test to GUC 111

\_\_\_\_\_ Professor will e-mail test to **dss@una.edu**

**\_\_\_\_\_** Test is On-line Password/Access code: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_ Lockdown Browser

**Attention: Exams should arrive at least two hours prior to testing or the afternoon prior to a morning test.**

Where test should be returned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Email to \_\_\_\_\_\_\_\_\_\_\_\_\_\_@una.edu

 Building, Office Room Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Professor’s Name (print) Professor’s Signature Professor’s Phone Number Professor’s E-Mail Address

Rev/setp24 rdc