**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**

**SAM Canvas WORD/Type Text Reader**

**Internet No Internet Reminder Sent**

**Alternative Testing Program**

**Test Appointment Form**

**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 submitted to Disability Support Services **at least 48 hours/two business days 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 NOTE: 8:15am is the earliest appointment & we do not begin a test at 12:00pm**

**Please circle one:** **\_\_\_\_** M T W T F **Date**: **\_\_\_/\_\_\_/\_\_\_\_**\_ **Start Time**: \_\_\_\_\_\_\_\_\_ or Anytime

***Remote Proctoring by DSS needed: \_\_\_\_\_\_\_ Class gets \_\_\_\_\_\_\_\_ minutes***

**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**](mailto:dss@una.edu)

**\_\_\_\_\_** On-line

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

Where test should be returned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building, Office Room Number

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

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

Rev/Oct 2018/rdc