



Testing Accommodation(s) Request Form

Section I

(To be completed by student)

Name: _____ **Date:** _____
Course: _____ **Instructor's Name:** _____
Date of Exam: _____ **Class Start Time:** _____

Please check the accommodation(s) you are requesting for this exam below:

- | | | |
|--|---|---|
| <input type="checkbox"/> Extended Time | <input type="checkbox"/> Private Room Testing | <input type="checkbox"/> Computer for typing/word processor |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Reader | <input type="checkbox"/> Scribe <input type="checkbox"/> Rest Breaks |
| <input type="checkbox"/> Other: _____ | | |
| _____ | | |
| _____ | | |

Please note:

- The Disability Services Coordinator will confirm your eligibility for the above requested accommodation(s) and will contact you should there be any discrepancies between your requests and eligibility.
- Only approved accommodation(s) you request above will be available for you to utilize during your exam.
- If the coordination of any accommodation conflicts with another class, exam or work, discuss an adjusted exam time frame with your instructor and please indicate adjustment below:

Adjusted Start Time: _____ **OR** New Date & Time: _____

Instructor Signature: _____

Section II

(To be completed by instructor)

What materials, if any, is the student allowed to use during the exam (i.e., all students taking the exam are permitted to use checked items below)?

- | | | | |
|---------------------------------------|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Notes | <input type="checkbox"/> Scrap paper | <input type="checkbox"/> Calculator | <input type="checkbox"/> Text Book |
| <input type="checkbox"/> Index Card | <input type="checkbox"/> Pencil Only | <input type="checkbox"/> Laptop | <input type="checkbox"/> Headphones/music |
| <input type="checkbox"/> Other: _____ | | | |
| _____ | | | |
| _____ | | | |

Amount of time class receives for exam: _____ minutes (Disability Services Coordinator will adjust accordingly)

Delivery of Exam (to Academic Services/Disability Services Coordinator, 320 Newbury Street, first floor):

Date and time of delivery: _____

Email exam to Karen.Keough@the-bac.edu Hand-deliver exam to Academic Services

Receipt of Completed Exam:

Email scanned copy of exam (no delivery of actual exam) Pick up the exam from Academic Services

Instructor's faculty mailbox (placed in sealed envelope) Other: _____

Section III
Testing Policies

Student:

- It is the student's responsibility to submit this form to the Disability Services Coordinator:
 - **Two business days prior to exam date**
 - **Five business days prior to exam date during mid-semester and final exam period**
- All exams will take place in Academic Services (320 Newbury Street, first floor), unless otherwise specified
- Incomplete Request Forms will not be accepted
- Cell phone use is not permitted in the testing room
- Student belongings are not permitted in the testing room and will be secured until the exam is complete

Instructor:

- Instructors are asked to submit all exams (either hand-delivered or electronically) to the Disability Services Coordinator **one business day** prior to exam date and pick up exams within a week after completion
- Instructors are asked to pick up exams within a week after completion. An email reminder will be sent for exams exceeding one week.

Section IV
(Disability Services Use Only)

Request Form received:

By: _____ **Date:** _____

Accommodations Approved:

- | | | |
|--|---|--|
| <input type="checkbox"/> Extended Time | <input type="checkbox"/> Private Room Testing | <input type="checkbox"/> Computer for typing/word processor |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Reader | <input type="checkbox"/> Scribe <input type="checkbox"/> Rest Breaks |
| <input type="checkbox"/> Other: _____ | | |
| _____ | | |
| _____ | | |

Equipment needed:

Length of time permitted for exam: _____ minutes **Start time:** _____ **End time:** _____

Name of proctor: _____ **Testing location:** _____

*****Thank you for completing this form*****

If you have any questions, please contact Karen Keough, Assistant Director of Academic Services and Disability Services Coordinator, at 617-585-0274 or Karen.Keough@the-bac.edu. Karen is located on the first floor of 320 Newbury Street.