



Augusta, Georgia 30904-2200

Testing and Disability

Phone 706.737.1469

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### Office of Disability Service Test Proctoring Form

The Office of Disability Services (ODS), offers limited tests proctoring services when instructors are unable to arrange accommodations for students with disabilities. The proctoring sessions are expected to be like any other testing situations. If students are capable of taking exams on their own, the proctor will serve as a monitor. In order to provide accurate tests proctoring services, please read through this form and fill it out to ensure that your expectations will be followed.

Tests are proctored at the Testing and Disability Services (**located in the Quadrangle**). The ODS is not responsible for picking up tests for students to take. It is the professor's responsibility to see that all tests are delivered in advance. It is the student's responsibility to contact the Office of Disability Services to schedule all proctoring services at least two days before each test date. The submission of a semester schedule or class syllabus cannot be used as a means to schedule test-proctoring services. Emergency or last minute testing needs cannot be guaranteed.

**Please remember: This form needs to be completed, signed, and returned to ODS before a student can schedule to have a test proctored. A completed form should be included in your test materials for each test that you need proctored. Feel free to make copies.**

Student's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Semester: \_\_\_\_\_ Instructor: \_\_\_\_\_

Test Date: \_\_\_\_\_ Office: \_\_\_\_\_

Location: \_\_\_\_\_

**Normal time allotted for this test:** \_\_\_\_\_

Test materials will be delivered in advance by:	Instructor: _____	Student: _____
The completed and sealed test will be picked up by:	Instructor: _____	Student: _____
Request that ODS deliver the completed test:	Yes: _____	No: _____
Can a computer be used to take the test:	Yes: _____	No: _____ N/A: _____
Can spell check be used for the test:	Yes: _____	No: _____ N/A: _____
Can a calculator be used:	Yes: _____	No: _____ N/A: _____

Other guidelines or special instructions: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**For Disabilities Services Use Only**

Test date: \_\_\_\_\_ Test Name: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Proctor: \_\_\_\_\_ Test Picked up by: \_\_\_\_\_ Test delivered by: \_\_\_\_\_

Signature of recipient: \_\_\_\_\_ Date: \_\_\_\_\_