

**DISABILITY AND ACCESSIBILITY RESOURCES
REQUEST FOR TESTING ACCOMMODATIONS**

To Be Completed By Student

- 1) The student will meet with the professor to explain the need for testing accommodations and verify that documentation is on file with the DAR to validate the accommodations.
- 2) The student will then return the completed form to the DAR to schedule the test.

Student's name: _____ **Student's phone:** _____

Professor's name: _____ **Course number:** _____

Example: Prof. Smith Psy 100

Classroom test time is: (We want to know how much time the class gets; we'll calculate your extended time.)

Day: _____ **Date:** _____ **Time:** _____ **Length:** _____

(Students must schedule their exam to coincide with their class. In the event that a student's class schedule prohibits an extension of the testing period, the DAR will work with the student to find an alternate testing time that same day.)

Testing accommodations: **Quiet Setting** **Scribe** **Laptop**
(Please check all that apply) **Extended Time** **Reader** **Other:** _____

Student: Please return this form to the DAR at least ***3 business days*** prior to test.

If the test is on _____, pink sheet is due to the ASC on _____.

Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

To Be Completed By Professor

- 1) The professor will note any special testing instructions below and sign the form. The professor will receive an email confirming that the test has been scheduled. This email will also serve as a reminder to deliver the test to the DAR.
- 2) The DAR staff will hand deliver the completed test to the department for a signature verifying receipt within 1 business day of completion. Professors are also welcome to pick up the completed test from the DAR at their convenience.

Special instructions the DAR staff should know when administering the test:

Example: 1 sheet of notes & calculator allowed, needs computer, scantron needed

**Scantrons & bluebooks must be provided by the professor*

Signature of _____

Cell Phone # (or way to contact if student has questions): _____

Professor: Please send test to the DAR in person or electronically to dartests@hope.edu

For DAR Office Use Only

Test is scheduled:

Day: _____ **Date:** _____ **Time:** _____ **Length:** _____

Initials: _____