*Dear Instructor:*

*If you or your department is unable to proctor an exam or quiz for a student with a disability who requires accommodations, the DRC can provide assistance. We ask that you complete the section below or drop-off to the DRC with your exam. Once the student takes the exam, a completed copy of this form will be printed and saved with the exam for your records. In the event of an emergency evacuation or school closing, any exam in progress will stop and will have to be rescheduled. If you have any suggestions or questions, please do not hesitate to contact us.
 Thank you, The Disability Resource Center*
 To Be Completed By DRC Staff

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student DRC Exam Date:\_\_\_\_\_\_\_\_\_\_ Time: 9am or 1pm *(circle)*

Professor: \_\_\_\_\_\_\_\_\_\_\_\_\_ Course Title & Section: \_\_\_\_\_\_\_\_\_\_

Circle approved accommodations: Extended time 25% 50% 75% 100%

 Reader - Text to Speech software – Scribe - Speech to Text software -- Microsoft Word software

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Worker Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 To Be Completed By Professor

Date/ time the class is scheduled to take the exam: \_\_\_\_\_\_\_\_\_\_ Time allotted to All students for quiz and exam\_\_\_\_\_\_

 **Type of Exam:** Multiple Choice \_\_\_\_\_ Short answer \_\_\_\_\_Essay \_\_\_\_\_\_

*Special Instructions:* Open Book\_\_\_\_\_\_\_\_ Notes \_\_\_\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Method for Returning Exam:** \_\_\_\_\_\_\_Professor will pick up \_\_\_\_\_\_\_Student will deliver

###### Professor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To Be Completed By DRC Staff

1. EXAM RECEIVED BY DRC

 Date Time Print Name:

2. EXAM STARTED \_\_\_\_\_ In DRC \_\_\_\_ In Class Date: \_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EXAM COMPLETED Time Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Proctor notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. EXAM PICKED UP BY PROFESSOR

 Date Time Signature \_\_\_\_\_\_

 **SW or Staff Initials:**

5. EXAM RETURNED BY STUDENT

 Date \_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_