ELIZABETHTOWN COLLEGE

Disability Services

Testing Accommodations Request

Students: Complete your portion of this form and send it to your professor at least 48 business hours prior to the exam

To be completed by Student:

Name: _____ Test Date: _____ Test Time: _____

Professors name: _____ Course #: _____

I require a screen reader _____yes _____ no

I require a computer for written responses _____yes _____ no

Faculty: Complete the faculty portion of this form and send it to disabilityservices@etown.edu along with a copy of the exam. The completed form must come from your email address.

To be completed by Faculty:

Name: _____

Length of time allowed for students taking the exam in class: _____

Contact me for questions during the exam by email: _____ by phone: (___) _____

Students may use: _____ calculator, _____ computer, _____ scantron, _____ notes, _____ text book

Additional instructions: _____

_____

The completed exam will be returned by a Disability Services Student Coordinator by the following business day.

Please note: Video monitoring of testing rooms is regular but not continuous

Disability Services Staff:

Test date: _____ Start Time: _____ Time taken: _____

Exam returned by: _____ Exam returned to: _____

Date & Time exam returned: _____