

Test Intake Form

This form must accompany all tests given in the Learning Assistance Center in Vines 101.

Instructor: _____ Ext.: _____ Office: _____

Course Name: _____ Course Code: _____ CRN: _____

Student(s) Taking Test: _____

(If web/independent study class, please supply class roster)

Please supply the following information:

If applicable, ADA accommodations requested:

___ Extended time of _____ (This is usually class time and 1/2 or class time doubled.)

___ Reader/Scribe

___ Quiet Testing

___ Other (please specify): _____

<u>Test Name</u>	<u>Time Limit</u>	<u>Dates (from/to)</u>	<u>Password (if needed)</u>
------------------	-------------------	------------------------	-----------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

May we administer the test before the due date? Yes / No **after the due date?** Yes / No

Please circle which materials students are allowed to use during the test:

NONE Dictionary Thesaurus Textbook(s) Notes Calculator

Conversion Sheet "Scratch Paper" Other (specify) _____

May students write on the test? Yes / No

How will students record their answers? Student supplied scantron, blue book, notebook paper, LAC supplied 'scratch paper', word processing.....?

Special Instructions:



Return Instructions:

Instructor will pick up _____ Notify by email at _____

Notify by phone at _____ Hand deliver to _____

**** **Web/Independent Study Instructors:** Please supply an adequate **number of copies** of the exam for your students.
Thank you!