SDS Test #_____

ADA Test Intake Form
Student Disability Services – Flanders 114 – 479.788.7577 – ADA@uafs.edu

Today's Date: [   ]

Instructor: [   ] **Ext:** [   ] **Office:** [   ]

Course Name & Number: [   ]

Student(s) Taking Test: [   ]

Date(s) test can be taken: [   ]

May we administer the test <u>before</u> the due date? ☐ Yes ☐ No **<u>After</u> the due date?** ☐ Yes ☐ No

ADA accommodations required: **Extended time:** ☐ Yes ☐ No

Amount of test <u>time allotted in class</u>: **hr(s)** [   ] **min(s)** [   ]

Additional percentage time student is allowed: ☐ **50%** ☐ **100%**

Total testing time allowed in the ADA office: **hr(s)** [   ] **min(s)** [   ]

Please check which materials student(s) <u>may use</u> during the test: ☐ NONE ☐ Dictionary/Thesaurus

☐ Textbook(s) ☐ Notes ☐ Note Card(s) ☐ Conversion Sheet ☐ Scratch Paper

☐ Calculator (Any) ☐ Four-Function Calc ☐ Other (specify) [   ]

May student(s) write on the test? ☐ Yes ☐ No

How will students record their answers?

☐ On-line Test ☐ Paper Test ☐ Scantron ☐ Blue Book ☐ Notebook Paper

Test Password: [   ]

Special instructions: [   ]

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<u>Return Instructions</u>*:*

☐ Instructor will pick up

☐ Scan, Email, and place in campus mail

☐ Scan and Email Only (<u>Do NOT</u> place in campus mail)

Updated 06/23