

SOUTHWESTERN ILLINOIS COLLEGE DISABILITY & ACCESS CENTER

Test/Quiz Accommodation Form

Step 1: For The STUDENT – Complete Step 1. Schedule an appointment in the Disability & Access Center (DAC) by calling (618) 235-2700, ext. 5368 and **give this form to your instructor at least two (2) business days prior to a test or quiz.** If less time is provided, it may not be possible to make adequate arrangements to assure the availability of adaptive testing.

Student's Name _____ Student's ID# _____
Student's Class _____ Class Time: Starts & Ends at _____
Date of Test Scheduled in DAC _____ Time of Test Scheduled in DAC _____

Step 2: For The INSTRUCTOR – Complete Step 2. **Attach this form to the test or quiz before delivering or e-mailing it to the DisabilityandAccessCenter@swic.edu.** At the Belleville Campus – ISB room 1145, extension 5368. *Please do not deliver the test to the Testing Center in the LAC at BC.* All other campuses, call extension 5368 to make delivery arrangements. In addition, when the test is complete, shred or secure this form in a confidential file.

Instructor's Name _____ Telephone Contact # _____
Course Prefix and # _____
Earliest date student can take the test _____ Latest date student can take the test _____
Testing Time Allotted in Class _____

Specifically, check mark and fill out the aids the **ENTIRE** class may use for the test/quiz:

____ Calculator (type) _____ ____ Formula Sheet (size & # of sheets) _____
____ Note Card (size & # of cards) _____ ____ Notes (size & # of pages) _____
____ Open Book (# of books) _____ ____ Other Aids (specify) _____

* SPECIAL INSTRUCTIONS _____

TEST/QUIZ RETURN:

- **BC** – The instructor, or a designee, will pick up the test from the Disability & Access Center in room 1145 in the Information Sciences Building (ISB). *Office hours:* Monday – Thursday, 8 a.m. – 5 p.m. and Friday, 8 a.m. – 4 p.m. A signature will be required upon pick up (see reverse side).
- **SWGCC, RBC, and ESLCCC** – Upon completion, the test proctor will return the test to the designated area. A signature will be required upon return (see reverse side).

Step 3: For The DISABILITY & ACCESS CENTER STAFF:

Date Test Taken in the Disability & Access Center _____ Campus Location _____
Time Started _____ Checked Eligible Accommodation(s) Before Starting Test _____
Time Completed _____ Student Did Not Show Up For The Test _____

Approved accommodations and class aids provided to the entire class that were used during the test:

Calculator _____ Note Card _____ Reader _____ Spell Checker _____
Enlarged Test _____ Notes _____ Reduced Distraction Environment _____
Extended Time _____ Open Book _____ Scribe _____
Formula Sheet _____ Other Aids (specify) _____

Test Proctored By _____ Student Did Not Use These Accommodation(s): _____

To ensure the integrity of the testing environment, the Disability & Access Center staff proctors all tests.

DISABILITY & ACCESS CENTER OFFICE USE ONLY:

✓ **APPROVED ACCOMMODATIONS AND CLASS AIDS FOR TESTING** (Check mark all that apply):

Calculator _____	Food _____	Other Aids (specify) _____
Dark Glasses _____	Formula Sheet _____	Reader _____
Drink _____	Headphones _____	Reduced Distraction Environment _____
Enlarged Test _____	Note Card _____	Scribe _____ Stand/Walk _____
Extended Time: _____	Notes _____	Spell Checker _____ Test Alone _____
• Double _____	Open Book _____	Split Test _____ Zoomtext _____
• Other _____	Optelec _____	

(Specify)

✓ **STATUS:** Perkins _____ Possible Perkins (Undecided) _____ Transfer _____

✓ **DISABILITY & ACCESS CENTER STAFF RETURNING THIS FORM:** For Sam Wolf Granite City Campus, Red Bud Campus, and East St. Louis Community College Center, return the completed Test/Quiz Accommodation Form to the Disability & Access Center at the Belleville Campus.

For all campuses, this is to verify that the student's test and materials have been delivered to/or picked up by the instructor or a designated instructional staff member.

Signature: _____

Position: _____

Date: _____

***NOTE:** See G-drive to copy, paste, and fill out the e-mail statement that will be sent to the instructor. File name is titled, "Electronic Test/Quiz Accommodation Form."

Per instructor's request to return the test and materials in the inter-campus mail, CIRCLE ONE:

- Morning Mail
- Afternoon Mail

In addition and for confidentiality, this Test/ Quiz Accommodation Form is *electronically* returned from the DAC e-mail to the instructor.*

Date Returned _____

DAC STAFF
Signature _____

DAC staff returning the test at SWGCC, RBC, and ESLCCC: _____

Besides the test, the following was returned: _____

DAC DATABASE:
Entered – Staff's Signature _____