

**UNIVERSITY OF WINDSOR
STUDENT DISABILITY SERVICES: EXAM RECEIPT**

STUDENT NAME: _____ STUDENT #: _____

COURSE: _____ INSTRUCTOR: _____

EXAM DATE: _____ SCHEDULED START TIME: _____

MUST BE COMPLETED BY INSTRUCTOR: Makeup Rescheduled Original Exam Date: _____

The **rest of the class** will be allowed _____ (time) to complete test/exam and require the following:

CLOSED BOOK PEN PENCIL FORMULAS / STATISTICAL TABLES DICTIONARY CALCULATOR

DOES THIS TEST/EXAM REQUIRE INTERNET ACCESS: Yes: _____ No

OPEN BOOK (Please specify): _____

IF CRIB/CHEAT SHEET ALLOWED.....PLEASE CHECK OFF APPLICABLE BOXES:

NO RESTRICTIONS SINGLE SIDED DOUBLE SIDED HANDWRITTEN

DURING THIS EXAM I CAN BE CONTACTED IN BUILDING: _____ ROOM: _____

Phone Number (office or cell): _____

VISITS: It is important that you visit the student, *if possible*, during the time he/she is writing, to ensure that he/she does not have any questions or problems. *I will be visiting the student between _____ and _____

NAME OF PERSON(S) TO PICK UP EXAM: _____

PROCTOR INFORMATION (Office Use):

EXAM START TIME: _____ END TIME: _____ ACTUAL END TIME: _____

TOTAL TIME ALLOWED _____ ROOM # _____

APPROVED ACCOMMODATIONS: Check off required for this test/exam

<input type="checkbox"/>	Extra Time	<input type="checkbox"/>	DRAGON DICTATE	<input type="checkbox"/>	Stretch/ Stand	<input type="checkbox"/>	Obus Form (Back Rest)
<input type="checkbox"/>	DOUBLE TIME	<input type="checkbox"/>	JAWS	<input type="checkbox"/>	Snacks/Drinks	<input type="checkbox"/>	Adjustable Desk
<input type="checkbox"/>	Distraction-Reduced Area	<input type="checkbox"/>	ZOOM TEXT	<input type="checkbox"/>	BATHROOM Breaks	<input type="checkbox"/>	Sign Language Interpreter
<input type="checkbox"/>	ISOLATED Room	<input type="checkbox"/>	CCTV	<input type="checkbox"/>	Ergonomic Chair	<input type="checkbox"/>	(sit outside exam room)
<input type="checkbox"/>	Computer	<input type="checkbox"/>	Enlarged Exam	<input type="checkbox"/>	Short BREAKS – Clock Stops		
<input type="checkbox"/>	Computer w spell check	<input type="checkbox"/>	Scribe (Writing Assistant)	<input type="checkbox"/>	SPELLING Dictionary for written content		
<input type="checkbox"/>	KURZWEIL	<input type="checkbox"/>	ICE Pak	<input type="checkbox"/>	MEMORY sheet allowed (instructor approved)		
<input type="checkbox"/>	Help w SCANTRON Sheet	<input type="checkbox"/>	Noise Cancelling Headphones	<input type="checkbox"/>	Calculator and/or formula sheet for math content		

OTHER: _____

Exam Format/Material Enclosed:

M/C, fill in blanks, true-false, matching, definitions, identification, problems/calculations, short ansr, short essay, essay, quiz, lab

_____ Computer printout (#pgs) _____ BOOKLET (S) _____ SCANTRON SHEET _____ EXAM Paper(s) (# pgs) _____

PROCTOR SIGNATURE: _____

Proctor Notes: (use back of receipt if necessary)

RECEIVER (PRINTED) NAME: _____

RECEIVER SIGNATURE: _____ **DATE:** _____