



Disability Services Faculty Form for Proctoring Test

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Student Name: _____

Test Name: _____ Course Name & Section: _____

Instructor: _____ Instructor Phone: _____

Instructor E-mail: _____ Department: _____

Due Date: _____ Time Allowed: _____

If Student exceeds the time allowed what should the Test Proctor do?

Collect Test

Note Extra Time Taken

Nothing

Indicate ALL items student is allowed to use during testing:

Book

Notes

Calculator

Dictionary

Computer

Paper

Other _____

Student is permitted to write directly on Test:

YES

NO

How will you get the completed test?

Pick up from 1300

Put in your mailbox

Other _____

Special Instructions/Notes:

Accommodations Needed:

