



STUDENT DISABILITY SERVICES
TEST PROCTOR FORM

Student must submit proctor form to SDS, completed and signed by faculty member, AT LEAST 1 WEEK PRIOR TO THE EXAM DATE.

Name: _____	Today's Date: _____	Date of Exam: _____
Student ID: _____	Professor's Name: _____	Time of Exam: _____
Email: _____	Course Abbrev. (e.g. ENGL 370-02): _____	*Alternate Testing Date: _____
Phone Number: _____		*Alternate Testing Time: _____

To be completed by the professor:

Professor: _____	Phone: _____	I agree with the student's requested date of the exam: <input type="checkbox"/> YES <input type="checkbox"/> NO
How long is the test <i>without</i> extra time? _____		
Select One of the Following Delivery Methods:		
<input type="checkbox"/> SDS student will deliver the exam to SDS on ___/___/___ @ ___:___ am/pm		
<input type="checkbox"/> Faculty will e-mail the exam to disabilityservices@whittier.edu on ___/___/___ @ ___:___ am/pm		
<input type="checkbox"/> Faculty will deliver the exam to SDS on ___/___/___ @ ___:___ am/pm		
Select One of the Following SDS Staff Return Methods:		
<input type="checkbox"/> Hand-deliver to faculty: Office building and room # _____ <input type="checkbox"/> Leave with secretary <input type="checkbox"/> Scan and email to faculty PDF version		
<input type="checkbox"/> To be picked up by: _____		
Select the Permitted Tools for the Exam Below:		
<input type="checkbox"/> Calculator: ___ scientific ___ non-scientific ___ graphing ___ non-graphing		
<input type="checkbox"/> Blue Book <input type="checkbox"/> Scratch Paper <input type="checkbox"/> Scantron		
<input type="checkbox"/> Pen and/or Pencil		
<input type="checkbox"/> Note-Card: ___ single-sided ___ double-sided		
Number of note-cards: _____ Size: _____		
<input type="checkbox"/> Notes		
Please include criteria for notes (i.e., bullet points only; 1 page, double-sided; 1 page, single-sided, etc.): _____.		
<input type="checkbox"/> Computer		
Please include criteria for computer (i.e., internet access; Microsoft Word; flash-drive access, etc.): _____.		
<input type="checkbox"/> Textbook		
Please include criteria for textbook (i.e., textbook name; specific chapters and/or pages, etc.): _____.		
<input type="checkbox"/> Other: Please Specify _____.		
Professor's Signature: _____	Date: _____	

PROCTOR USE ONLY:

TIME of EXAM: Start: _____ **End:** _____ **STAFF INITIALS:** _____ **LOCATION:** _____

Reduced Distraction Setting: ____ **Time & a Half:** ____ **Double Time:** ____

30-minute warning: _____ **15-minute warning:** _____ **5-minute warning:** _____

DATE of EXAM: ____ / ____ / ____ **(M / T / W / R / F)** **Dropped Off By:** _____ **Time Dropped Off:** _____