



ALTERNATIVE TESTING REQUEST

Faculty: Please complete both sides of this Alternate Testing Request.

Faculty Member: _____ Date: _____

Course: _____

Student: _____ W# 10 _____

From: Terri Danner DRC Test Facilitator, Bldg. 1600 Suite 1615 extension 1523

Your student has requested the use of alternative testing through the Disability Resource Center. The DRC offers alternative testing for eligible students with a verified disability. This service is provided to students as an auxiliary aid, which provides equal access to education, pursuant to Section 504 of the Rehabilitation Act.

Exams scheduled to be taken through the DRC are supervised by staff per each instructor’s individual guidelines.

Your student has requested the following mandated accommodations based on his/her Academic Accommodation Plan (AAP):

- Additional time, Undistracted exam space, Reader, Other, Enlarged Exam, Scriber/Writer, Kurzweil

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FACULTY INSTRUCTIONS: Please indicate your allowed accommodations:

- Open Book YES NO
- Open Notes YES NO
- 3x5 INDEX CARDS NO. OF CARDS _____ Turn in card(s) YES NO
- 8x11 SHEET OF PAPER NO. OF SHEETS _____ Turn in Note Sheet(s) YES NO
- Calculator Scratch Paper Turn in scratch paper YES NO
- Dictionary/Thesaurus Use of student's personal computer
- Internet Access Student will need a Green Book
- Student will need a Scantron® Student will need to write in Pen ____/Pencil ____
- Other: _____

Amount of regular class time allotted for exam. _____

Your exam is scheduled for _____ at _____
Date Time

- DRC will be able to proctor the exam at this time
- DRC will be able to proctor exam on _____
- Is this arrangement acceptable? YES NO

DELIVERY AND RETURN OF EXAM: Please check where appropriate.

- Delivery: I will put exam in your campus mailbox
- I will deliver to DRC
- Student may deliver exam to the DRC
- Email to: lpctestproctor@laspositascollege.edu (Please indicate number of pages for exam)
- Return: Please return to my campus mailbox
- I will pick up exam at the DRC
- I will pick up at the information desk
- Student may return exam to me (Room # _____)
- Scan-Email to: _____

Email and number we can reach you at, if exam has not been received.

Faculty Email: _____ Faculty Phone: _____

Faculty Signature: _____ Date: _____

Please return this form to me as soon as possible so that I can make appropriate arrangements for your student's exam. Should you have any questions, please contact me at extension 1523.

Thank you for your contribution to a barrier-free Las Positas College.