LAS POSITAS

Disabled Student Programs & Services

3000 Campus Hill Drive | Room 1615, Livermore, CA 94551

ALTERNATIVE TESTING REQUEST

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

Faculty Member:	Date:		
Course:			
Student:	W# 10		
From: DRC Test Facilitator, Bldg	z. 1600 Suite 1615 extension 1510		
offers alternative testing for elig	use of alternative testing through the Disability Resource Center. The DRO ible students with a verified disability. This service is provided to student es equal access to education, pursuant to Section 504 of the Rehabilitation		
Exams scheduled to be taken t guidelines.	hrough the DRC are supervised by staff per each instructor's individua		
Your student has requested the Accommodation Plan (AAP):	following mandated accommodations based on his/her Academic		
x Additional time	Enlarged Exam		
x Undistracted exam space	Scriber/Writer		
Reader	Kurzweil		
Other:			

FACULTY INSTRUCTIONS: Plea	ase indicate your allowe	d accommodations:	
Open Book	YES □ NO □		
Open Notes	YES □ NO □		
3x5 INDEX CARDS N	O. OF CARDS	Turn in card(s)	YES □ NO □
8x11 SHEET OF PAPER N	O. 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 nee	☐ Student will need a Green Book	
☐ Student will need a Scantron® ☐ Student will need		ed to write in Pen/Pe	encil
☐ Other:			
Amount of regular class time a	llotted for exam		
Your exam is scheduled	for	at	
	Date	Т	ïme
\square DRC will be able to proctor t	ne exam at this time		
\square DRC will be able to proctor e	xam on		
Is this arrangement accepta	ble? YES□ NO [
DELIVERY AND RETURN OF EXA	M: Please check where	appropriate.	
Delivery: ☐ I will put exam in yo	our campus mailbox		
☐ I will deliver to DRO			
☐ Student may delive	r exam to the DRC		
☐ Email to: <u>lpctestpro</u>	octor@laspositascollege	<u>.edu</u> (Please indicate num	ber of pages for exam
Return: ☐ Please return to my	campus mailbox		
\square I will pick up exam	at the DRC		
\square I will pick up at the	information desk		
☐ Student may return	n exam to me (Room #)	
☐ Scan-Email to:			
Email and number we can reach	n 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 1510.

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