

# Testing Instructions for Proctored Examinations

disABILITY Support Services Department Moody Learning Center 1<sup>st</sup> Floor

(Please print information) ONE FORM PER TEST

**Instructor** \_\_\_\_\_

Instructor's Department \_\_\_\_\_

Course & Section No. \_\_\_\_\_

Instr. Contact Number(s) \_\_\_\_\_

**Student first/last name** \_\_\_\_\_

Student **Banner ID** \_\_\_\_\_

Exam Title to be proctored \_\_\_\_\_

**Scheduled Date & Time of exam** \_\_\_\_\_

**Extension/Deadline** for taking the exam (date and time)? \_\_\_\_\_

Did you receive a dSS Confidential Letter for your student? ..... Yes  No

Can textbook(s) be used during the exam? ..... Yes  No

Can notes and/or reference materials be used?..... Yes  No

**If yes, list materials** \_\_\_\_\_

Can the student write on the exam? ..... Yes  No

Can scratch paper be used for the exam? ..... Yes  No

Should scratch paper be returned with the exam?..... Yes  No

Is the exam an online exam ..... Yes  No

Is there a password required?..... Yes  No

**Please print password** \_\_\_\_\_

Can the student go to other sites during the exam?..... Yes  No

**If yes, which ones?** \_\_\_\_\_

Other exam requirements/restrictions (electronic devices, calculator function type, scantrons etc.)

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

Will the Instructor pick up the exam from dSS?..... Yes  No

Would you like dSS to deliver the exam to your department?..... Yes  No

*Office Only Received By:* \_\_\_\_\_

*Date & Time:* \_\_\_\_\_