

OFFICE USE ONLY	Day of Exam _____ Time of Exam _____
	Special Instructions: _____



Where leaders are made

EXAM Proctor Hours for Fall & Spring Semesters:
Monday-Thursday • 8am-7pm — Friday • 8am-5pm
 Accommodations may be made in advance (three working days) if an exam does not fall within the regular hours.

DSS Proctor Checklist Disability Support Services
Old Main • Room 004 • (716) 888-3748

Section I — Student

Student is responsible for filling out Section 1

Student Name _____ ID Number _____

Course Abbreviation & Number _____ Quiz Test Mid-Term Final

Professor Name _____

Original Scheduled Date of Test _____ Day of the Week _____ Time _____

Test is scheduled at the same time as the class

Request to change the date/time of the test New Date/Time _____

Reason for change _____ Professor's Initials _____
 (Permission and signature by the professor is required for a change in date/time.)

Based on documentation & academic accommodations, please check if you are eligible for and will be using one of the following: Computer Scribe Reader Other _____

Section II — Professor

Faculty Section — Please check the items that apply to the test

ALLOWED FOR TEST:	ANSWER PROVIDED ON:
Yes No	<input type="checkbox"/> Test directly
<input type="checkbox"/> <input type="checkbox"/> Notebooks/Handouts	<input type="checkbox"/> Blank Paper
<input type="checkbox"/> <input type="checkbox"/> Text Book	<input type="checkbox"/> Blue Book
<input type="checkbox"/> <input type="checkbox"/> Calculator	<input type="checkbox"/> DSS Lined Paper
<input type="checkbox"/> <input type="checkbox"/> Scrap Paper (will be returned)	<input type="checkbox"/> Scan Tron <input type="checkbox"/> Blue <input type="checkbox"/> Green
<input type="checkbox"/> <input type="checkbox"/> Dictionary	<input type="checkbox"/> Other _____
<input type="checkbox"/> <input type="checkbox"/> Other	
_____ Number of pages in test	_____ Time allowed for test in classroom
Special Instructions _____	
If student does not show to take the test: <input type="checkbox"/> shred <input type="checkbox"/> hold in office for pick up	
Faculty Signature _____ Contact Phone _____ Date _____	

Section III

Method of Returning Test (NO mailbox deliveries)

Faculty pick up in DSS

DSS will deliver to Professor's Office Location _____

DSS will deliver to Departmental Office Location _____

US Mail *(a copy of the test will be locked in a secure place until received. Please call DSS when test is received and the copy will be destroyed.)*

Other Special Instructions for Delivery: _____

Please drop off completed proctor form with the test prior to the Disability Support Services Office located in Old Main 004, if you have any questions or need further information — please contact DSS at 888-3748. Thank You.

