

Testing and Disability Services (TDS) Test Proctoring Form

TDS offers proctoring services when instructors cannot arrange accommodations for students with disabilities. The proctoring sessions are expected to be like any other testing situations. If students are capable of taking exams on their own, the proctor will serve as a monitor. To provide accurate test proctoring services, please read through this form and fill it out to ensure that your expectations will be followed. ***If any changes/announcements are made in class during the test, contact TDS at (706) 737-1469 AND/OR email tds@augusta.edu with a high importance marker so we may relay the information to the student(s) being proctored as soon as possible.***

Tests are proctored at TDS (located on the 1st Floor of Galloway Hall). **TDS is not responsible for picking up tests for students to take.** It is the professor's responsibility to deliver all tests in advance. It is the student's responsibility to contact TDS or submit a SAM request to schedule all proctoring services at least two school days before each test date. Submission of a semester schedule or class syllabus cannot be used as a means to schedule test-proctoring services. Emergency or last minute testing needs cannot be guaranteed.

Remember: This form should be completed, signed, and returned to TDS BEFORE a student can have a test proctored. A completed form should be included in your test materials for EACH test & student that you need proctored.

We encourage you to save this blank form, complete it digitally, and email it to TDS. Copies can also be printed from the TDS website.

Student's name:

Class:

Semester:

Instructor:

Test Date:

Instructor's office location:

TDS does not provide scantrons. If scantron is used, it must be included with the test. If no scantron is included, student(s) will be instructed to write directly on the exam

Normal time allotted for this test (how much time will the rest of the class get? ***TDS will calculate extended time.***):

When test is completed, it will be sealed. How would you like it returned to you?:

****Note: IF YOU WOULD LIKE TDS TO DELIVER THE TEST, INCLUDE CAMPUS, BUILDING, AND OFFICE NUMBER FOR DROP OFF. If it should be emailed, include email address on line below. If an instructor or student will pick up, include their name below. ID WILL BE REQUESTED.**

Location for TDS drop off, name of pick up person, or email address:

Can a computer be used to take the test?:

What day/date range can the student take the test? (if only one day, put same date in both boxes): _____ to _____

Can a calculator be used?: _____ Calculator type permitted (if none or N/A, select "None"):

Special instructions/other guidelines (passwords, another contact if you're not able to be reached, etc.) If none, write "N/A":

Best contact method during test time?:

Email:

Instructor's signature:

Today's date:

Contact # during test time:

For Disability Services Use Only

Test date: ____/____/____ Test name: _____ Start time: ____:____ End time: ____:____ Proctor: _____

Test picked up by: _____ Test delivered by: _____ Recipient's signature: _____ Date: ____/____/____

Stop the clock break times/other notes: _____