

**University of Connecticut  
Center for Students with Disabilities  
EXAM ADMINISTRATION FORM**

**Section 1: Student Information**

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Section 2: Course and Instructor Information**

Course \_\_\_\_\_ Section \_\_\_\_\_ TA \_\_\_\_\_

Instructor \_\_\_\_\_ Instructor Phone \_\_\_\_\_

Instructor Email \_\_\_\_\_ Office Location \_\_\_\_\_

**Section 3: Exam Information**

Type of Exam:  Quiz  Exam  Midterm  Final  Other \_\_\_\_\_

Date & Time of Exam in Class \_\_\_\_\_ Date & Time at CSD\* \_\_\_\_\_ Time allocated for class \_\_\_\_\_

(\*All exams are to be taken during the scheduled time of the course unless otherwise specified by the instructor and approved by the Director of the Center.)

Materials Allowed:

- No materials allowed  Open Book  Scrap Paper  Calculator – Type? Check for pre-prog. data? \_\_\_\_\_
- Notes/note cards - type/extent of use - \_\_\_\_\_
- Formula Sheet - type/extent of use- \_\_\_\_\_
- Other - \_\_\_\_\_

**Section 4: Exam Delivery and Return Information**

Exam Delivery:

- E-mail to [csdexams@uconn.edu](mailto:csdexams@uconn.edu)
- FAX (486-4412)
- Student in a sealed envelope
- Instructor/TA
- Department Designee

Exam Return:

- CSD e-mails to \_\_\_\_\_
- CSD to FAX to \_\_\_\_\_
- Student in a sealed envelope
- Instructor/TA
- Department Designee
- CSD returns to \_\_\_\_\_

**Section 5: Signature Verification**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 6: CSD USE ONLY: Accommodation Information**

- Extended Time – Circle: 1.5x **OR** 2.0x
  - Reduced Distraction Environment
  - CCTV  Braille
  - Large Print  Calculator
  - Audio Tape  Scribe \_\_\_\_\_
- Accommodations verified by \_\_\_\_\_ (initials)
- Reader \_\_\_\_\_
  - Computer (Account # \_\_\_\_\_)
  - Occasional Breaks during Exam

**Section 7: CSD USE ONLY: Form & Exam Received**

Exam Administration Form received by: \_\_\_\_\_ (CSD Employee initials) on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Exam Received On:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Delivered by (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Exam Returned/Picked Up On:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Returned/Picked up (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

**Section 8: CSD USE ONLY: Proctor Checklist**

Testing Room \_\_\_\_\_ Time Began \_\_\_\_\_ CSD initials \_\_\_\_\_ Time Ended \_\_\_\_\_ CSD Initials \_\_\_\_\_

Student excused from the room: Time out \_\_\_\_\_ Time returned \_\_\_\_\_ Reason \_\_\_\_\_

Proctor Assigned: \_\_\_\_\_ / \_\_\_\_\_ (signature)

I \_\_\_\_\_ (initials) acknowledge that I have:

- |  |   |
|--|---|
| <input type="checkbox"/> Reminded the student to use the restroom before the exam        | <input type="checkbox"/> Checked the student's calculator |
| <input type="checkbox"/> Asked the student to remove jackets/baggy clothing and hats     | <input type="checkbox"/> Verified approved accommodations |
| <input type="checkbox"/> Ensured that all personal items, including phones, are put away | <input type="checkbox"/> Verified allowed materials       |

**COMPLETED AFTER TAKING EXAM:**

I acknowledge that this exam was taken in accordance with the University's Responsibilities of Community Life: *The Student Code* at the Center for Students with Disabilities with the accommodations indicated above. The accommodations were appropriate and testing conditions satisfactory. Any unsatisfactory conditions should be indicated in writing below.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_