

DISABILITY SERVICES EXAM PROCTORING FORM

1. Student Complete:

Student's Name _____ Phone _____ Course _____

Instructor's Name _____ Phone _____ email _____

2. Instructor Complete: (For your test security please answer all below)

Duration of Test in the Classroom _____ (minutes or hours)

Permitted Resources	Open Book	Yes ___	No ___
	Notes	Yes ___	No ___
	Calculator	Yes ___	No ___
	Other _____		

Test with DSP accommodations to be completed by:

___ Same day as test in class: Date: _____, Time _____

___ Any dates - from _____ to _____

___ Other _____

3. TEST DELIVERY TO DSP:

___ Faculty will email test to both:

Mitra Mofidi, DSP Student Support Services Specialist mitramofidi@peralta.edu
Frances Moy, DSP Coordinator/Counselor fmoy@peralta.edu

___ Faculty will have **test delivered to P303**

4. TEST RETURN TO FACULTY:

___ DSP Staff deliver to instructor's Department mailbox in: Bldg./Room: _____

___ Instructor will pick up from P303

INSTRUCTOR'S SIGNATURE: _____ **Phone** _____

Email _____

Disability Services Staff Complete:

Staff Initials

Test Received _____

_____ Date _____ Time _____

Student Test Time _____ to _____

_____ Date _____ Beg. Time _____ End Time _____

Test Returned _____

_____ Date _____ Time/Location _____

QUESTIONS: Frances Moy, DSP Coordinator, 510-434-3974

fmoy@peralta.edu