DISABILITY SERVICES EXAM PROCTORING FORM

Student Complete: Student's Name_____Phone____Course____ Instructor's Name______ Phone _____email____ Instructor Complete: (For test security please answer all below) 1. **Duration of Test in the Classroom** (minutes or hours) Calculator Yes___ Other___ No___ Permitted Resources No No Test with DSP accommodations to be completed by: ____ Same day & time as test in class: Date: _____, Time _____ ____ Any dates - from_____ to _____ to Other 2. **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 3. **TEST RETURN TO FACULTY:** ____ DSP Staff deliver to instructor's Department mailbox in: Bldg./Room: ____ Instructor will pick up from P303 INSTRUCTOR'S SIGNATURE: Email _____ Phone_____

Disability Services	Staff Complete:		Staff Initials
Test Received	 Date	Time	
Student Test Time_		to	
Test Returned	Date	Beg. Time End Time	
rest retained	Date	Time/Location	

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

fmov@peralta.edu