Student Accessibility Services Test Proctoring Form

Student Section:

Student: _____ Phone:_____ Email: _____

Course: _____

Instructor: _____ Phone:_____ Email: _____

Instructor Section:

FOR TEST SECURITY PLEASE ANSWER ALL QUESTIONS BELOW

1. Duration of test in classroom _____(minutes or hours)

   Permitted Resources:

Open Book	Yes_____	No_____
Notes	Yes_____	No_____
Calculator	Yes_____	No_____

   Other _____

   Test proctoring to be completed by (select one):
   ___ Same day/time as test in class: Date:_____ Time_____
   ___ Any dates from _____ to
   ___ Other: _____

2. Test Delivery to SAS:
   ___ Email test to Reagan Pruitt rpruitt@peralta.edu and
   Frances Moy fmoy@peralta.edu, Assessment
   Test will be delivered to R 109
   ___

3. Test Return to Faculty:
   ___ Email copy to Instructor
   ___ Deliver to department box in_____ (bldg./room)

Instructor's Signature:

To be completed by SAS staff: **Staff Initials**

Test received: Date: _____ Time: _____

Test taken: Date: _____ Time: _____ to _____

Test returned: Date: Time: Location:

Please forward the completed form Reagan Pruitt rpruitt@peralta.edu
and Frances Moy fmoy@peralta.edu