

Accessibility Services

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Accessibility Services Test Administration Form

| | | | |
|---------------------|-------|--------------|-------|
| Student's name | _____ | Student ID # | _____ |
| Professor's name | _____ | Course | _____ |
| Test to be taken by | _____ | Time allowed | _____ |

The test will be **closed book** and **closed notes** unless specified below.

The student may use the following materials (check all that apply):

| | |
|---------------------|--------------------------------|
| _____ Calculator | _____ Textbook |
| _____ Formula sheet | _____ Class notes and handouts |
| _____ Dictionary | |
| _____ Other | _____ |

Method of return to professor (please check one):

Professor will pick up by (day and time): _____

Other arrangements have been made (specify): _____

| | | |
|------------------|---------------------------|-----------|
| Date test taken: | Time in: | Time out: |
| | ACE Staff initials: _____ | |

Updated 03-23