

ADA ALTERNATIVE TESTING AGREEMENT

To Be Completed by the Instructor:

Student _____ Phone _____

Instructor _____ Ext. _____

Course _____

Scheduled Test Date _____ Time _____

Test must be completed by: Date _____ Time _____

Accommodations:

Computer? Scribe? Tape recorder? Quiet space?

Extra time? ----- time & ½ ----- Double time----- Unlimited

Received by the LC:

Test sent electronically to kgarner@guilford.edu,
cc: Learningcommons@guilford.edu

Instructor/TA delivered test to the LC on (date) _____ at (time) _____

Received by Instructor:

Instructor/TA will pick up completed test from the LC

Returned electronically to instructor, cc: kgarner@guilford.edu

Responsibilities:

- LC staff will ask the student to leave books, book bags, **cell phones, IPODs**, etc. in the LC closet during testing.
- Tests must be scheduled Monday through Thursday, 9a.m. - 7p.m. or Friday, 9a.m. - 3p.m.
- The student will follow all instructions from the instructor regarding the test.
- The student will take the test in the LC Study in a study room on the library's second floor, if quiet space is an accommodation.

I have been honest and have observed no dishonesty while taking this test.

Student Signature _____

To Be Completed by the LC Staff:

Date test received: _____ By: _____

Test handed to student by: _____ Date/Time: _____

Location student is taking test: _____

Time test was finished: _____ Received by: _____

Test returned to instructor electronically _____

Instructor/TA picked up _____

Signature

Date

(This form will be kept on file in the LC for document tracking.)