BLINN COLLEGE
OFFICE OF DISABILITY SERVICES (ODS)
TESTING INSTRUCTIONS

INSTRUCTOR: _________________________ PHONE: _____________ CLASS: _____________
STUDENT: __________________________ DATE OF CLASSROOM EXAM: ________________

Please fill out this checklist and include it, with your signature, with each exam you send to the Office of Disability Services (ODS). Please send tests to ODS prior to the scheduled test day. The items checked below should include both those assistive aids deemed appropriate to the student’s disability, as well as those things allowed for use by all students in the classroom.

WHAT DO YOU WANT US TO DO WITH THE EXAM?

_____ Instructor will pick up from ODS _____ Instructor will pick up in LC from Nancy Soechting’s folder
_____ Put exam in instructor’s mailbox _____ other: ___________________________________

THE FOLLOWING ASSISTIVE AIDS ARE ALLOWED:

_____ Open book _____ Dictionary/Thesaurus
_____ Calculator (type allowed) ________________ _____ Note cards
_____ Spellchecker _____ Class handouts
_____ Rulers/scales _____ Student’s class notes
_____ Other: ______________________________________________________________________

_____ Student’s class notes _____ Word bank
_____ Formula sheets

TESTS NOT TAKEN ON SCHEDULED DAY WILL BE RETURNED TO THE INSTRUCTOR

INSTRUCTOR SIGNATURE: _________________________ DATE: _____________

(ODS OFFICE USE ONLY)

Received in ODS By: __________________________ Date: _____________