COPPER MOUNTAIN COLLEGE
ACCESS
TESTING ACCOMMODATION FORM

THIS SECTION COMPLETED BY *STUDENT:*	Date of Test:
Student name:	Semester: **Fall 2012**
Course name:	Instructor name:

THIS SECTION COMPLETED BY *ACCESS STAFF:* ***ACCOMMODATIONS FOR ACCESS STUDENT***

_____ is approved for the following testing accommodations:
Student's name

□ Extra Time _____ □ Math Notes—One Page □ Calculator □ Multiple Sessions

□ Spell Checker for essay exams □ Adaptive Computer for Essays □ E-Text ACCESS Staff initials

THIS SECTION COMPLETED BY *INSTRUCTOR:*

PLEASE SEND EXAMS 3 – 4 WORKING DAYS IN ADVANCE

** If a student needs to use the adaptive computer or e-text (marked above) please return a CLEAN copy of the exam to ACCESS on WHITE paper. *Handwriting does not scan properly*. You may also send it via e-mail at accesstesting@cmccd.edu

*** If sending test by e-mail, please provide instructions or send this form to the ACCESS Lab ***

ADMINISTRATION OF EXAM *IN CLASS*

On what date(s) may the test be administered in the HTC?_____

How much time is the CLASS allowed for this exam? _____

	YES	NO		YES	NO
Is exam open book?	_____	_____	Are calculators allowed?	_____	_____
Is a Scantron used?	_____	_____	Graphing calculator allowed?	_____	_____
Open notes?	_____	_____			

Other special instructions for administration of the exam: _____

_____

RETURNING OF EXAMS

How would you like ACCESS to return the completed exam to you?

____ Hand exam to instructor mail box

____ Instructor to pick up at ACCESS Lab

If no choice is indicated, ACCESS will return the completed exam to the Instructor's mail box within two days of completion. If the exam is not taken as scheduled, it will be returned to the instructor's mail box.

If you have questions or problems, please email or call Glenda at (760) 366-3791, ext 5800; ghaislip@cmccd.edu

_____ _____ _____
Instructor Signature Phone # Date

Rev. Fall 2012