



INDIANA UNIVERSITY KOKOMO

Testing Procedures for Students with Disabilities

In order to accommodate students needing extra time for tests and quizzes a quiet atmosphere for testing and/or and oral exam the following steps should be followed by faculty when using the Testing Center:

- 1. Contact the Testing Center staff at 765-455-9395, Room KO280, to make appropriate arrangements. The Testing Center is opened from 8am-12noon and 1pm-5pm. Please schedule your testing during these hours.**
- 2. Complete attached instruction form and deliver to the Testing Center 48 hours prior to testing.**
- 3. Deliver tests to room KO 280 at least two hours prior to testing or make special arrangements with the Testing Center staff for delivery of tests.**
- 4. Each tester will be asked to provide a photo ID. No food or drink is allowed in the testing area. Lockers will be provided for books, bags, cell phones, coats, etc.**
- 5. After the test is over, instructors can pick up test(s) from Room KO280 by the end of the day or make special arrangements with the Testing Center staff to have tests sent by intercampus mail.**
- 6. The Testing Center will try to meet all of your needs, and your understanding is greatly appreciated. We will try to meet all of the needs of the student, instructor, and Testing Center Staff.**

Contact Disability Services at Ext. 309 if you have questions and/or concerns.



INDIANA UNIVERSITY KOKOMO

TESTING FORM FOR STUDENTS WITH DISABILITIES

Please Print

When: _____

Start Time: _____ **End Time:** _____

Student Name _____

Instructor Name: _____ **Class** _____

Check items student is allowed to use:

___ **Calculator**

___ **Pen/Pencil**

___ **Books**

___ **Notes**

___ **Other** _____

Will student have a scribe or attendant with them? _____

(You will need to notify Disability Services to set up this service.) Please list any special instructions you wish to give the proctor:

If there is a problem during the exam, how can the Testing Center reach the instructor?

Will you pick up the exam, ___ OR does the Testing Center intercampus to you? ___

Signature of Instructor _____

Return this form to The Testing Center, KO 280, prior to testing