SCSU Disability Resource Center (DRC)  
Test Proctoring Envelope  
Engleman Hall – C-105A  
Ph. 203-392-6828

Dear Professor:
If you or your department is unable to proctor an exam or quiz for a student with a disability who requires accommodations, the DRC can provide assistance. We ask that you complete the section below, and email or drop-off to the DRC with your exam. Once the student takes the exam, a completed copy of this form will be printed and saved with the exam for your records. In the event of an emergency evacuation or school closing, any exam in progress will stop and will have to be rescheduled. If you have any suggestions or questions, please do not hesitate to contact us.

Thank you,  The Disability Resource Center

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### To Be Completed by Student

<table>
<thead>
<tr>
<th>Student: __________________</th>
<th>Student DRC Exam Date: __________</th>
<th>Time: ___________________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Professor: __________</th>
<th>Course Title &amp; Section: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td># of class a week 1 2 3 4</td>
<td></td>
</tr>
</tbody>
</table>

Circle approved accommodations: Extended time 25% 50% 75% 100%

- Reader / Screen reader software
- Scribe / Speech to text software
- Microsoft Word software

Other: ____________________________________________________________

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### To Be Completed by Professor

Date/time the class is scheduled to take the exam: __________ Time allotted to All students for quiz and exam: __________

**Type of Exam:** Multiple Choice _____ Short answer _____ Essay _____

**Special Instructions:** Open Book _____ Notes _____ Other: ___________________________

**Method for Returning Exam:** _______ Professor will pick up _______ Student will deliver

Professor Signature: ________________________________

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### To Be Completed By DRC Staff

1. EXAM RECEIVED BY DRC
   - Date: __________
   - Time: __________
   - Signature: ________________________________

2. EXAM STARTED: _____ In DRC _____ In Class
   - Date: __________
   - Time: __________
   - EXAM COMPLETED: __________
   - Time: __________
   - Signature: ________________________________
   - Proctor notes: ________________________________

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3. EXAM PICKED UP BY PROFESSOR
   - Date: __________
   - Time: __________
   - Signature: ________________________________

4. EXAM RETURNED BY STUDENT
   - Date: __________
   - Time: __________
   - Signature: ________________________________