

Academic Success Center English Language Learner (ELL) Testing Accommodation Form

Section I: To be Completed by Faculty Member

Student Last Name: _____ Student First Name: _____

Instructor: _____ Course Name/Number: _____

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Open Book | <input type="checkbox"/> No Book |
| <input type="checkbox"/> Open Notes | <input type="checkbox"/> No Notes |
| <input type="checkbox"/> Bilingual Dictionary OR | <input type="checkbox"/> Word-To-Word Translation <i>Only</i> |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> No Calculator |

Original Time Limit: _____ **Extended Time (1.5x)** Modified Time Limit: _____

Last Date Test/Exam May be Taken: _____ Date Exam will be Picked up: _____

Special Instructions: _____

Please complete and submit this form with the test/exam prior to the date and time of the scheduled exam. If you have questions or need further information or assistance, please contact **Brooke Pierce, Literacy Coordinator, at 880-2115 or bep49@medaille.edu**

Section II:

To be completed by ASC staff during check in

Name of staff who checked in exam: _____ Date: _____

To be completed by ASC staff when exam is given

Date: _____ Start Time: _____ Initial: _____

End Time: _____ Initial: _____

Seat: **Main** 1 2 3 4 5 6 7 **or Individual:** A B

Section III: To be Reviewed and Signed by Student

By signing this form, I acknowledge that I have turned off and put away all electronic communication devices prior to entering the testing room. I acknowledge that all testing directions provided by my professor were read to me prior to beginning my exam. ASC staff provided me the opportunity to ask questions and/or request clarification on the test's directions.

Student Signature: _____ Date: _____

Student Did Not Take Exam in the ASC.