



OFFICE OF TESTING
STUDENT ACCESSIBILITY TESTING
ACCOMMODATIONS FORM

This form must accompany ALL tests to be given in the Special Populations Testing Area (City Park Campus, Building 2, Room 302)

Student's Name _____ Student ID Number _____

Instructor's Name _____ Instructor's Building #/Room# _____

Instructor's Phone _____ Course Prefix/Section Number _____

AIDS ALLOWED: No aids will be permitted unless specifically authorized.

Calculator Dictionary Scantron 882E/ES(green,1-100,A-E)

Notes Translation Device Book Scantron 2052 (blue, 1-100, 1-5)

Note card: 3 x 5 4 x 6 5 x 7

Blue Book Scantron F-165 (red, 1-100, A-E)

NCS ScanForm 19641 Other

Textbook Scantron 881E/ES (green, 1-50, A-E)

PLEASE FILL OUT YOUR SPECIAL INSTRUCTIONS FOR THIS PARTICULAR STUDENT:

Blank lines for special instructions

Finish by this date/time: _____

Method of Exam Delivery: Emailed to the City Park Testing Center at cityparktesting@dcc.edu

Hand-delivered to Testing Center (Bldg. 2 Room 302) by Instructor

Method of Exam Return: Instructor will pick up exam from Bldg. #2 Room # 302

Testing Center will return test to _____.

Instructor's Signature

Today's Date