



OFFICE OF TESTING
DISABILITY SERVICES 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:

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