

# ALTERNATIVE TESTING CHECKLIST

## PROCTOR:

- I understand a proctor will be present to oversee my exam.
- I would like the proctor to remain in the testing space for the duration of my exam.

## READER:

- I was approved for the accommodation of a reader.
- I would like my proctor to read my exam aloud.
- I would like to use a screen reader or adaptive software to read my exam aloud.

## SCRIBE:

- I was approved for the accommodation of a scribe.
- I would like to request a scribe during my testing sessions.
- I understand my scribe will present my information exactly as it is communicated. All of my responses will be recorded authentically.
- I understand it is my responsibility to read my scribe's transcript before submitting any assignment/exam. I acknowledge that proper grammar, spelling, and punctuation is my responsibility. I understand that not checking for proper grammar, spelling, and punctuation may impact my final grade on the assignment/exam.

## ACKNOWLEDGEMENTS:

- I understand that a reader and/or scribe is available to me.
- I **decline** a reader/scribe at this time.
- I understand it is my responsibility as a student registered with Disability Resources & Services (DRS) to alert the DRS team of any changes to my needs. I understand I can choose to alter my Alternative Testing Checklist at any time.

## NOTES:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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