

University of Kentucky Disability Resource Center  
**Accommodated Testing Form**

**Instructions:**

1. Complete the form below.
2. Print the form and fax to the DRC Office, ATTN: Lindsay Jansen, at (859) 257-1980, or hand-deliver the form to the Disability Resource Center in room 2 Alumni Gym.
3. Exams are to be delivered to Lindsay Jansen by 12:00 (noon) the day before the scheduled exam. Exams can be emailed to lbstew2@email.uky.ed, hand-delivered to Room 2, Alumni Gym, Disability Resource Center OR faxed to Lindsay Jansen at (859) 257-1980.

**All exams must be e-mailed or dropped off no later than 12pm (noon) the day before the scheduled exam.**

Today's Date: \_\_\_\_\_

Course Name /Number: \_\_\_\_\_ Class Location: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Faculty's Name: \_\_\_\_\_

Faculty's E-mail: \_\_\_\_\_ Faculty's Phone #: \_\_\_\_\_

Date of 1st Exam: \_\_\_\_\_ Time allotted for the exam: \_\_\_\_\_ Time of Day Exam Given: \_\_\_\_\_

Date of 2nd Exam: \_\_\_\_\_ Time allotted for the exam: \_\_\_\_\_ Time of Day Exam Given: \_\_\_\_\_

Date of 3rd Exam: \_\_\_\_\_ Time allotted for the exam: \_\_\_\_\_ Time of Day Exam Given: \_\_\_\_\_

Date of 4th Exam: \_\_\_\_\_ Time allotted for the exam: \_\_\_\_\_ Time of Day Exam Given: \_\_\_\_\_

Date of FINAL: \_\_\_\_\_ Time allotted for the exam: \_\_\_\_\_ Time of Day Exam Given: \_\_\_\_\_

Are all exams taken during class time? (yes/no) \_\_\_\_\_

If "no," please explain: \_\_\_\_\_

What materials are allowed in the testing room? (please check all that apply)

- |   |  |   |
|---|--|---|
| Books or Notes <input type="checkbox"/> | Cellphone, PDA/Palm Pad <input type="checkbox"/> | Personal Calendar/Memo Book <input type="checkbox"/>  |
| Calculator <input type="checkbox"/>     | Student Provided Paper <input type="checkbox"/>  | Book Bags, Backpacks, Purses <input type="checkbox"/> |
| Scratch Paper <input type="checkbox"/>  | Other _____                                      |   |

Are all of the checked materials above allowed during each exam? (yes/no) \_\_\_\_\_

If "no," please explain: \_\_\_\_\_

**Completed exams are to be picked up by the instructor at the Disability Resource Center, Room 2, Alumni Gym the day after the exam is given.**

If you fax this form to the Disability Resource Center, the form must be signed and dated by the instructor.

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_