

**In-Class Disabilities Testing**

**(Please make copies)**

Student: \_\_\_\_\_  
Course: \_\_\_\_\_  
Instructor: \_\_\_\_\_  
Semester: \_\_\_\_\_

Date: \_\_\_\_\_

Did the student request accommodations for the test?    yes \_\_\_\_\_    no \_\_\_\_\_

Did you provide the requested accommodations?        yes \_\_\_\_\_    no \_\_\_\_\_

Did the student use the provided accommodations?    yes \_\_\_\_\_    no \_\_\_\_\_

If you (instructor) did not provide the accommodations or if the student did not use the provided accommodations, please explain why below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Did the student request accommodations for the test?    yes \_\_\_\_\_    no \_\_\_\_\_

Did you provide the requested accommodations?        yes \_\_\_\_\_    no \_\_\_\_\_

Did the student use the provided accommodations?    yes \_\_\_\_\_    no \_\_\_\_\_

If you (instructor) did not provide the accommodations or if the student did not use the provided accommodations, please explain why below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Did the student request accommodations for the test?    yes \_\_\_\_\_    no \_\_\_\_\_

Did you provide the requested accommodations?        yes \_\_\_\_\_    no \_\_\_\_\_

Did the student use the provided accommodations?    yes \_\_\_\_\_    no \_\_\_\_\_

If you (instructor) did not provide the accommodations or if the student did not use the provided accommodations, please explain why below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Professor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_