

Test/Quiz Proctor Request Form

Pecan Campus
3201 W. Pecan Blvd
McAllen, Texas 78502-9701
Phone: (956) 872-2173
Fax: (956) 872-3430
Building K 2.900

Mid-Valley Campus
400 N. Border
Weslaco, Texas 78596
Phone: (956) 447-1229
Fax: (956) 447-6607
Building F 110

Starr County Campus
142 FM 3167
Rio Grande, Texas 78582
Phone: (956) 488-5853
Fax: (956) 488-5843
Building G 1.304C

Technology Campus
3700 W. Military Hwy.
McAllen, Texas 78503
Phone: (956) 872-6125
Fax: (956) 872-6169
Building B 175

Nursing & Allied Health Campus
1101 E. Vermont
McAllen, Texas 78502
Phone: (956) 872-3077
Fax: (956) 872-3055
Building 1.408

In order to maintain the quality and integrity of Counseling and Student Disability Services (CSDS), the following procedures and expectations are in place:

- Students must be registered with CSDS and must be eligible for test/quiz accommodations. NOTE: Student should provide his/her accommodation memo to instructors before the student requests to test at CSDS.
- Students and Instructors should schedule time to meet to discuss the test/quiz accommodations indicated by CSDS on the Accommodations Memo.
- Instructors are responsible for providing the accommodations but can consult or use CSDS to facilitate these accommodations in CSDS office.
- If the test/quiz takes place outside the CSDS office, the student and Instructor must agree to the logistics of a distraction reduced testing environment.

Taking Test/Quiz at Counseling and Student Disability Services

- CSDS will adhere to the test/quiz times submitted on the Proctor Request Form.
- Students are expected to arrive at CSDS at the time indicated on the Test/Quiz Proctor Request Form. If a student is late to the scheduled test/quiz, the end time will not be extended.
- If a student is unable to take a scheduled test/quiz, he/she must notify CSDS and the instructor as soon as possible. It is the student's responsibility to contact the instructor to reschedule the test/quiz. (Note: Once scheduled, instructors are not obligated to reschedule a test/quiz. CSDS will only administer test/quiz with prior instructor approval.)
- All personal belongings and/or any materials not indicated on the Test/Quiz Proctor Request Form must be stored in the designated area.
- Once a test/quiz begins, students may only leave the testing room for a restroom break or if breaks are allowed as a designated accommodation.
- No food or drinks is allowed in the testing room unless it is a designated accommodation.
- Camera may be recording during the test/quiz.

Committing an Act of Academic Dishonesty

- South Texas College takes the issue of academic dishonesty very seriously. If academic dishonesty is observed or suspected, the instructor will be notified immediately. Refer to the South Texas College Code of Conduct regarding academic dishonesty which can be found at http://www.southtexascollege.edu/pdf/Student_Code_Of_Conduct.pdf
- Suspected academic dishonesty during testing at CSDS will result in the videotape, screen shot or other evidence being submitted to the instructor. The instructor will determine whether the student is/is not engaging in academic dishonesty behavior during testing and will proceed accordingly. The incident will also be reported to Student Rights and Responsibilities.

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Staff/Faculty: Please attach this form to the test/quiz and deliver to Counseling and Student Disability Services (CSDS) a *minimum of three (3) business days prior to the test/quiz and notify the student to contact our office to schedule the date and time of the test/quiz.*

Student Name: _____

SID #: _____

Instructor's Information:

Name: _____

Phone #: _____

Email: _____

Course and Section: _____

Office Location: _____

Test/Quiz Information:

Date: _____

Duration of test/quiz: _____

Start Time: _____

Technical Support Contact: _____

(Extended time will be calculated by the CSDS staff when applicable. If software is used for the test/quiz please include a contact person for the technical questions.)

Type of Test/Quiz

_____ Computer Test/Quiz _____ Paper Test/Quiz
If computer test/quiz, please supply password: _____

Material/items the student is authorized to use during the test/quiz:

- | | |
|---|---------------------------------|
| _____ Distraction reduced test/quiz environment | _____ Reader for Oral Test/Quiz |
| _____ Scribe | _____ Interpreter |
| _____ Extended Time for Tests | _____ Formulas |
| _____ Notes/Handouts | _____ Book |
| _____ Memory Aid | _____ Text Magnifier |
| _____ Calculator (specify type): | _____ Dictionary/Spell Checker |
| _____ Scratch Paper | _____ Other: |

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ RECEIVED BY: _____

TEST/QUIZ START DATE AND TIME: _____ END TIME: _____

TEST/QUIZ LOCATION: _____

READER/SCRIBE/INTERPRETER/PROCTOR: _____

COMMENTS: _____

DATE TEST RETURNED: _____ RETURNED BY: _____

PREFERRED METHOD TO RETURN TEST/QUIZ:

_____ I WILL PICK IT UP AT THE STUDENT DISABILITY SERVICES OFFICE

_____ PLEASE SEND IT TO MY SCHOOL MAILBOX

_____ PLEASE EMAIL IT TO MY SCHOOL EMAIL

COMMENTS: _____

TEST/QUIZ WILL BE DELIVERED TO YOUR OFFICE BEFORE NOON THE FOLLOWING BUSINESS DAY.