

QUIZ ACCOMMODATION REQUEST FORM

*All forms due **14 days** prior to **first** quiz date. Incomplete forms will not be accepted.*

Student Name: _____ UNI: _____ Cell: _____

Course Title: _____ My quiz is for: Lecture or Recitation

Instructor/TA Name: _____ Email: _____
(person administering quiz)

Please check the accommodations you need for this quiz (DS will confirm your eligibility for any requested accommodations). If you do not indicate the accommodations needed, **they will not be available to you during the quiz.**

Extended Time Computer Calculator Other: _____

Quiz Dates: "pop" quizzes – dates not announced in advance

- | | | | |
|----------|----------|----------|-----------|
| 1. _____ | 4. _____ | 7. _____ | 10. _____ |
| 2. _____ | 5. _____ | 8. _____ | 11. _____ |
| 3. _____ | 6. _____ | 9. _____ | 12. _____ |

TO BE COMPLETED BY INSTRUCTOR:

1. Quizzes are Administered:

Start of class During class End of class Other: _____

Quizzes that occur either at the start of, or during the class will need to be rescheduled to accommodate the student's need for extended time (If applicable). Please indicate all of the acceptable options for rescheduling:

- Before class on the same day Any day during the same week
 After class on the same day Day before class takes quiz

2. Quiz Administration Specifications:

- A.** Same for all quizzes (Please skip to Part B.)
 Not the same for all quizzes (A Disability Services Coordinator will contact you for information for each quiz. Skip to Section 3.)

B. I am allowing **all** students to use the following:

Formula Sheet: YES NO If yes, specify how many pages: _____
 Calculator: YES NO If yes, specify type: _____
 Class Notes: YES NO
 Other: _____

C. Amount of time class receives for quiz: _____ minutes (DS will increase accordingly)

3. Contact Information: Email: _____ Phone: _____

4. Delivery of Completed Quiz: *If this section is left blank, the quiz will be emailed to your uni@columbia.edu email.*

- Pick up the quiz at DS (700 Lerner) Email scanned copy of quiz (No delivery of actual quiz)
 Deliver to Department Office _____ Other: _____
(Building) (Floor/ room)

I agree to have Disability Services administer my quizzes for the above student with the appropriate accommodations.

Signature of Instructor

Date

DS STAFF USE ONLY

Form Received:

Name: _____ Date: _____

Professor e-mailed for quiz permissions by: _____ Date: _____

Professor e-mailed for contact information by: _____ Date: _____

Accommodations Approved: Extended Time _____ Calculator Computer Other: _____
 Large Print Rest Breaks with Details: _____Equipment Needed: 1 Computer 2 Computers Bluebooks (8½ x 6¼) CD Player Digital Recorder Other: _____

Confirmed By: _____ (DS Staff) Length of Time Permitted for Quiz: _____

Re- Confirmed By: _____ (DS Staff) Length of Time Permitted for Quiz: _____

Proctor Log:

Name of Proctor: _____ Building & Room: _____

Scheduled Quiz Start Time: _____ Scheduled Quiz End Time: _____

*** Call/email DS if student arrives 20 minutes (or more) after the scheduled start time to determine re-calculated end time.**

Actual Quiz Start Time: _____ Re-calculated End Time (Based on Actual Start Time): _____

Actual Quiz End Time: _____

Computer Use: (Circle One) **YES** **NO** Computer #: _____ USB Drive # _____**ALL OF THE FOLLOWING MUST BE COLLECTED:**

Blue Book - # used: _____ DS Exam paper - # pages: _____ Scrap Paper - # pages: _____

Breaks:

(1) Departure Time: _____ Arrival Time (back to quiz room): _____

(2) Departure Time: _____ Arrival Time (back to quiz room): _____

- If student takes more than two(2) breaks, please alert DS by phone (212-854-2388) or e-mail (disability@columbia.edu)

Comments: _____

Proctor Signature: _____ **DS Staff Signature:** _____**Scan Information:**

Quiz Scanned By (Name): _____ Date: _____

Delivery Information (Quiz Received By):

Name: _____ Signature: _____ Date: _____

Quiz Delivered By: _____ Building/Room: _____

Please Check: Departmental Administrative Assistant Picked up at DS Emailed to Professor E-mailed to TA

DS Staff: _____ Date: _____

FOR DS STAFF ONLY: Database Verified Ready Scanned

EQUIP: 1 Computer 2 Computers Bluebooks (8½ x 6¼) CD Player Digital Recorder Other: _____