

QUIZ ACCOMMODATION REQUEST FORM (QARF)

All forms due **3 weeks** prior to **first** quiz date. Incomplete forms will not be accepted. Quizzes **WILL NOT** be administered if student's arrival time is more than **10 minutes** after the scheduled start time. It is the student's responsibility to contact his/her professor to reschedule the quiz. Update: Beginning Fall 2016, quizzes will begin at one of the start times listed below.

Student Section

Name: _____ UNI: _____ Cell: _____

Course: _____ Section: _____

Instructor /TA Name: _____ Email: _____

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

Preferred Start Time: (please check one)

8:40 AM 10:10 AM 11:40 AM 1:10 PM

2:40 PM 4:10 PM 5:00 PM

DS Confirmed Start Time: _____ DS Staff Initials: _____

If you are eligible for the following accommodations, indicate below which you will need for this quiz:

Use of computer: No Yes (check one: PC **or** MAC) Scribe: No Yes Other: _____

Instructor Section

*To be completed by Professor or authorized TA. Instructor Section **not** required for Columbia General and Organic Chemistry (I & II). Refer to website, <http://health.columbia.edu/testing-accommodations>, for a list of additional courses.*

1. Quizzes are administered:

Start of class During Class End of Class Other: _____

2. Quizzes must be administered by DS:

Before class on the same day Any day during the same week Other: _____
 After class on the same day

3. Quiz details/specifications: Student permitted to bring and use the following (please check all that apply):

- Calculator - specify type: _____
- Textbooks
- Their own set of notes:
pages of notes (8.5x11): _____ Check One: Single-sided **or** Double-sided
- Additional Instructions: _____

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

4. Contact info during quiz for student questions: _____
(Email) (Phone)

5. Delivery of completed quiz: (If this section is left blank, the quiz will be emailed to your uni@columbia.edu email)

- Pick up quiz at DS (Wien Hall, Ste. 108A) Email copy of quiz to: _____
- Campus Delivery: (signature required): _____
(Building) (Floor/Room)

*I agree to have DS administer my quiz(s) for the above student on the date(s) and time(s) listed above with the appropriate accommodations, and to send a copy of the quiz, audio, video and/or PPT files at least **72 hours in advance** of the quiz. If I am unable to send the quiz by this deadline, I will be responsible for proctoring this quiz with the student's approved accommodations. Additionally, I understand that the start time listed above may need to be adjusted due to the student's extended time, student's class schedule, when medically necessary and/or DS' hours of operation. In such instances, DS will make best efforts to schedule the quiz start time to overlap with the in-class exam time. If an overlap with the in-class quiz is not possible, we will contact you to determine the best way to accommodate the student.*

Signature: _____ **Date:** _____

DS STAFF USE ONLY

Accommodations/equipment required for student's quiz:

Extended Time: _____ Rest Breaks: _____ (min/hour) Other: _____

Class quiz length: _____

Quiz length + extended time: _____

Maximum rest break time: _____

Maximum quiz length: _____

Entered by (DS Staff): _____

Double Checked by (DS Staff): _____

Evening Quiz Time Check: _____

*(refer to evening exam information)

Proctor Log- QUIZ - (Please print your name for every field you complete below)

Name of Proctor: (1) _____ (2) _____

Name of Proctor: (3) _____ (4) _____

Proctor notes on student questions, exam delays, or any issues (NOTE: proctor still needs to email/call DS in real time):

***Email DS if student arrives 10 minutes (or more) after the scheduled start time to determine quiz end time**

Quiz Time Log For Students Eligible for Rest Breaks + Extended Time

(One rest break per hour. Unused rest break time does not carry over into next break)

Actual Quiz Start Time: _____ Expected End Time: _____ Latest End Time: _____
(without any rest breaks) (with all rest breaks)

Break 1 Length: _____ New End Time: _____ Break 2 Length: _____ New End Time: _____

Actual Exam End time: _____

Quiz Time Log for Students NOT Receiving Rest Breaks

Actual Quiz Start Time: _____ Expected End Time: _____ Actual End Time: _____

Bathroom Breaks Log: Please alert DS if student does not return to room after 8 minutes, and before allowing 3rd break.

Departure time: _____ Return: _____ Departure time: _____ Return: _____

Blue Book # used: _____ DS Quiz Paper # pages: _____ Scrap Paper # pages: _____

Computer Use: YES NO Computer #: _____ Flash drive #: _____

Quiz scanned by: (Print name): _____ Date: _____

Quiz delivered by: (Print name): _____ Date: _____

Quiz emailed by: (Print name): _____ Date: _____

Delivery Receipt Information – (To Be Completed by Person Receiving/Picking up Quiz):

Print name: _____ Signature: _____ Date: _____

Check one: Picked up at DS office Delivered to: _____