

Test Accommodation Form

STUDENT SECTION

Student Name:	John Doe
Student Phone #:	555-555-5555
Student Email:	John.doe@umontana.edu
UM-Student ID #:	790 000 0000
Subject & Course #:	CHMY121
Instructor Name:	Prof. Jane Doe

- Changes to exam administration and form must be authorized by instructor.
- Exams must be scheduled **seven (7)** days in advance.
- Form must be completely filled out and signed by instructor to schedule exam.

INSTRUCTOR SECTION

Time allowed in class (e.g. 50min, 80min):
1.
2.
3.
4.
5.

Date student will take exam at Test Center:	Time student will start exam at Test Center:
1. 2/10/2022	1. 2:00 pm
2. 4/4/2022	2. 2:00 pm
3. 5/9/2022	3. 8:00 am
4.	4.
5.	5.

Exam Delivery:

- Instructor will E-mail exam to ode.testing@mso.umt.edu
- Moodle – E-mail password to ode.testing@mso.umt.edu
- Instructor will deliver exam to Aber Hall 1st floor, Rm 116
- Student will deliver exam to Aber Hall 1st floor, Rm 116

Exam Return:

- Scan & Email
- ODE will return to BLDG: _____ ROOM: _____
- Instructor will pick up exam at Aber Hall 1st floor, Rm 116
- Student will return in a sealed envelope
- Moodle
- Missoula College Campus

Test Accommodations – Check your approved accommodations:

- 1.5 Extended Time 2.0 Extended Time
- Proof Reader Sign Language Interpreter
- Reader Scribe
- Other: _____

Computer with:

- Dragon Naturally Speaking (Speech to Text software)
- JAWS (Screen Reading)
- Magic (Screen Magnification)
- Microsoft Office Software
- Read & Write Gold (Text to Speech Software)

Additional Directions (any materials allowed during exam):

A scantron form _____

I, the instructor, authorize ODE to administer the exam(s) based on the above instructions.

Instructor's Signature: _____

Date: _____

Instructor's Phone: _____

E-Mail: _____