

INSTRUCTIONS ON ACCEPTED R.I.T.A. FORM SUBMITTED

- 1) **Students** must return the completed and signed R.I.T.A. form to our office at least **five (5)** full business days before your first scheduled testing date and time.
- 2) Form must have #1 through #9 completely filled out.
 - a. If your instructor is a Graduate Teacher and does not have a GSU office location, please put the department building and room #.
 - b. Make sure your instructors full name and phone number is also listed.
- 3) Complete # 10 and make sure your dates and exam start time does not conflict with any other test or class schedules you have.
- 4) Make sure your instructor has signed the front and the back of your R.I.T.A. form, before you submit it.
- 5) You instructor **MUST** check #12 and #13 on **the back** of the R.I.T.A. form, indicating their exam delivery and return method of all exams indicated on the form.
- 6) If we do not have your instructor's signature (on front and back of form) and their e-mail address, **you will NOT** be allowed to submit your form and this may delay your scheduled exam request.

If you have any questions about these instructions listed, please ask before you leave the ODS office. Thank you!

Front Page



R.I.T.A. Request for Individualized Testing Accommodations

Student Name _____ Phone: _____

1. Circle the technology related accommodations you are approved to use: Screen Reader (JAWS, Dragon, ect. Indicate need or N/A)
CCTV Enlarged text Adaptive Technology Special Assistance/Other

2. Do you need a room with specific technology? No ___ Yes ___ Room Letter _____

3. Semester/Year _____

4. Course # & Dept. _____

5. Day(s) Class meets _____ Start Time _____ End Time _____

6. Classroom Location: Bldg _____ Room # _____

7. Instructor's Name _____ Phone # _____

8. Instructor's Office Location: Bldg _____ Room # _____

All ODS students must sign R.I.T.A. form.

Section 2 thru 8 must be completed fully. If you are missing this information we cannot process your request to test in our labs. If your instructor is a Graduate Student Teacher and does not have an office, please put GRA Teacher in the "room # section".

9. Student's Signature: _____

I understand that any changes in exam dates, times, or conditions for testing must be verified with ODS by the instructor. My signature indicates I am responsible for knowing the exam schedule and that I am responsible for knowledge of any changes to this testing schedule.

Complete # 10 – 14 with your instructor

10. Complete this White Box with your Instructor

11. Skip these Grey Boxes & FLIP THE PAGE OVER

Testing Schedule for this Course / Class			ODS Administration Record				
Date	Start Time	Length in class (Hours:Minutes)	Date	Start Time	Stop Time	Room	Proctor's Name

No more than six test date request entered on each R.I.T.A. form.

Instructor's signature: _____

All forms must have instructor's signature showing approval of exam dates and times.

Accommodations Statement and Feedback Opportunity

- The Lighting in the Testing Room: Excellent Good Fair Poor
- The Noise level in the testing room: Excellent Good Fair Poor
- Was the computer working: Excellent Good Fair Poor N/A
- Your overall testing experience today: Excellent Good Fair Poor I would have done better in class

I have received testing accommodations in Disability Services. My accommodations were handled appropriately therefore, I agree to fairly evaluate services rendered and overall testing conditions. I understand that I am personally responsible for the test answers including all calculations, grammar, spelling, organization, and content. The Testing Coordinator/ proctor s have performed any mechanical functions I am unable to do for myself and are in no way responsible for my performance. By signing this statement that I have read or was read to me, I affirm that the test proctor performed to my satisfaction and that the testing facility was satisfactory. Any unsatisfactory conditions should be cited at this time in writing, or verbally if warranted by the individual's disability Testing Coordinator of Disability Services.

MY SIGNATURE VERIFIES THAT MY ENTIRE EXAM AND ALL PERTINENT ANSWER SHEETS OR SCRAP PAPER, IF ANY, ARE SEALED INSIDE THIS ENVELOPE.

Student's Signature _____
Proctor's Signature _____



R.I.T.A. Request for Individualized Testing Accommodations

12. Ask your instructor to select (ONE) exam delivery method (observe our courier limitations):
- via email to DISMAIL@gsu.edu (include students' name and course)
 - via fax to (404) 413-1563. Attn: Testing Coordinator
 - someone will deliver the exam to Disability Services
 - pick up (1 day before) the exam at _____ Building _____ Room (N/A for Summer Semester)
13. Ask your instructor to select (ONE) exam return method (observe our courier limitations):
- Email or fax it back to me at _____
 - Student returns in a sealed envelope
 - I will send someone to retrieve the exam from Disability Services
 - Deliver the hard copy to _____ Building _____ Room in 1 - 3 business days. (N/A for _____)

All instructors must indicate how they want exams delivered. If this is not completed your form cannot be accepted.

Pick up/Delivery Methods

Please be mindful of courier limitations and time sensitivity when choosing a delivery and return method. Availability of couriers vary please choose the best method that works for you.

PLEASE do not alter R.I.T.A Form.

Note to Instructor: Please provide instructions regarding test administration in the message of an email attachment or send with exam. Example: Open notes/textbooks, calculator, restroom breaks, one page notes, etc.

If your instructor has NOT signed this area, your form will not be accepted.

Instructor's Signature: _____

I understand this form is null and void unless accompanied by a Student Accommodation Request form that verifies ODS approved test/exam accommodations.

E-mail Address: _____

We must have and instructors GSU e-mail on this form or it will NOT be accepted.

This Section for Disability Services' Use Only

Delivered to:	_____	_____
	Printed name	Signature
_____	_____	_____
Date	Time	Delivery Person