

# 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.)  
 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 # \_\_\_\_\_

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 on this form, 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
<b>Instructor's signature:</b>							

### 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 \_\_\_\_\_

