

**Center for Access and Accommodative Services**

**Rooms A-105**

**(708)456-0300 ext. 3917 or** [**caas@triton.edu**](mailto:caas@triton.edu)

[**https://www.triton.edu/caas/**](https://www.triton.edu/caas/)

**Faculty Testing Form**

Exams to be taken at CAAS must be accompanied by a completing Testing Form and may be submitted to CAAS in Room A-105 or via e-mail at [caas@triton.edu](mailto:caas@triton.edu).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Today’s Date**: | Click or tap to enter a date. | | | | | | **Student (first/last name):** | | | Click or tap here to enter text. | | |
| **Faculty (first/last name):** | | | Click or tap here to enter text. | | | | | | | | | |
| **Contact number at the time of the exam**: | | | | | | Click or tap here to enter text. | | | | | | |
|  | | | | |  | | | | | | | |
| **Class Name, #, and section** | | | | Click or tap here to enter text. | | | **Test/Quiz Name:** | | Click or tap here to enter text. | | | |
| **Last day student can take exam:** | | | | Click or tap to enter a date. | | | **Amount of time your CLASS receives for the exam (do not include accommodative time):** | | | | | Click or tap here to enter text. |
|  | | | | | | | | | | |  | |
| **Please list any materials ALL students are able to use on the exam:** | | | | | | | | Click or tap here to enter text. | | | | |
| Click or tap here to enter text. | | | | | | | |  | | | | |
| **Other notes to CAAS:** | | Click or tap here to enter text. | | | | | | | | | | |

**Note: Exams will be held in CAAS (Room A-105) for Faculty to Pick up. Exams will not be delivered by CAAS staff.**

Office Use Only

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Appt. Date** | |  | | | | | |  | | | | | **Appt. Time** | | | |  | | | |
|  | |  | | | | | |  | | | | | | | | |  | | | |
| **Equipment allowed for testing** | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | |
| **Assigned Testing Location** | | | | |  | | | | |  | **Accommodative Test Time Allowed:** | | | | | | | |  | |
|  | | | | |  | | | | |  |  | | | | | | | |  | |
| **Testing Date** | | |  | | | | | |  | | **Time exam must be completed** | | | | | | |  | | |
|  | | |  | | | | |  | | |  | | | | | | |  | | |
| **Proctor** |  | | |  | **Time exam started** | | | | |  | | | |  | **Time exam completed** | | | | |  |
|  |  | | |  | |  | | | |  | | | |  | |  | | | |  |
| **Entered in CAAS Database** | | | | |  | | | | | | |  | | | | | | | | |

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| --- | --- | --- |
| **Test Completion Recorded in Database** | \_\_\_ |  |

**Signature of Person Picking Up the Exam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**