



Trinity Valley Community College
SERVICE FOR STUDENTS WITH DISABILITIES (SSD)
TESTING ACCOMMODATION FORM

TO BE COMPLETED BY INSTRUCTOR AND ATTACHED TO EXAM

Student Name: _____

Class Name: _____ Day/Time: _____

Instructor: _____

Instructor Phone: _____ Standard Time for Exam: _____

Student May:

- Not Use Calculator
- Use Calculator
- Use Scientific Calculator
- Use Four-Function Calculator
- Use Full Handwritten Sheet
- Mark Answers on Test
- Use Handout Provided
- Use Open Notes
- Use Open Book
- Use No Materials

Special Instructions: _____

Return Exam by **ONE** of the following:

- Campus Mail
- Instructor Pick-up
- Other Pick-up (Name) _____
- Sealed Envelope Sent with Student

Instructor's Signature: _____

Office Hours: _____