



ACCOMMODATED & MAKE-UP TESTING SUBMISSION PROCESS

ACCOMMODATED TEST SUBMISSIONS: FOR STUDENTS WITH TEST-TAKING ACCOMMODATIONS:

1. Complete the accommodated testing form that you received via email (see page 2)
 - Ensure date of test, specific start time, and course code are indicated and accurate – (Same date and time as classroom test)
 - If it is a Make-up test, please check off that it is a Make-up test (only scheduled for after 3 p.m. and finishing by 9 pm.)
2. Submit via email to southtesting@stclaircollege.ca and include the following:
 - Completed testing form
 - Test
 - Akindi (if applicable)
 - Approved student memory aid (if applicable)
3. **Tests must be MSWord or .pdf format, we cannot open 'shared' files**
3. **OR** submit hard copies in person to Room A2110 (formerly 206)

Please note, students in Testing Services are entitled to the same access to the instructor for questions as those who have remained in the classroom. For this reason, please ensure that the phone extension to the classroom is included, as well as your mobile number. The classroom phones are not always functional, and so alternate contact information is encouraged. Only Testing Services staff will have access to this contact information.

Also, if a student is more than 20 minutes late, we are unable to allow them to write without your direct authorization. If we are unable to reach you, the test will need to be rescheduled as a make-up test.

MAKE-UP TEST SUBMISSIONS: FOR NON-ACCOMMODATED STUDENTS

1. Complete the Make-up Testing Form ([Click here for Make-Up Test Form](#))
 - Ensure student name, student number, date of test, specific start time, and course code are indicated are accurate
 - Indicate instructor name and contact number
 - Make-up tests are scheduled only **after 3 p.m.** and finishing by 9 p.m.
2. Submit via email to southtesting@stclaircollege.ca and include the following:
 - Completed Make-up testing form
 - Test
 - Akindi (if applicable)

**Tests must be MSWord or .pdf format, we cannot open 'shared' files*
3. **OR** submit hard copies in person to Room A2110 (formerly 206)

Please note: If student arrives more than 30 minutes late for their scheduled make-up test, the instructor will be contacted for approval to issue the test. If the instructor is not available, the test will need to be rescheduled.

**All test
submissions are
required a
MINIMUM OF 2
BUSINESS DAYS
in advance of
the test date
and time.**

The student has the choice of whether to write in class or in Testing Services and is **not required** to disclose which in advance. Therefore, a test must be submitted to Testing Services as well as available in the classroom.

Students do not book their own tests.

Instructors must arrange with the student and submit appropriately.

Completed tests are to be picked up at the front desk in Student Services by the instructor. **We do not scan tests.**

**For additional
information or
submission support
please call**

**Testing Services at
x4493 or x5143**

**Accommodation Plan
for the Academic Term ()**

Student Name: Doe, Johnny

Student ID: 0123456

Course Code: ABC 123

Section #: 001

Test Taking Accommodations	FOR OFFICE USE
<ul style="list-style-type: none"> Write in Student Services Individual room Write in Student Services distraction reduced room Extra time on quizzes/tests/exams – 1.5x 	Time Allowed (Adapted according to Accommodation Plan): <input type="checkbox"/> No extra time <input type="checkbox"/> 1.5 X <input type="checkbox"/> 2.0 X _____ Hour(s) _____ Minutes <input type="checkbox"/> TTS Scanned by: _____ Date: _____ Password: _____ Declined by student: _____

TESTS MUST BE SUBMITTED 2 BUSINESS DAYS IN ADVANCE via drop box (Rm A2110) or southtesting@stclaircollege.ca

Date, Time, and Class time allowed should be the same as other students in class

TO BE FILLED OUT BY INSTRUCTOR	DATE Test to be written:	TIME Test to be written:	Original LENGTH OF TIME CLASS received:	
	MAKE- UP TEST? Make-up test hours are Monday-Friday, 3:00 pm – 9:00 pm			<input type="checkbox"/> Yes <input type="checkbox"/> No
	ANSWER SHEET required? AKINDI <input type="checkbox"/> (must be supplied by faculty) or SCANTRON <input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
	CALCULATORS allowed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	OPEN BOOK test? <input type="checkbox"/> (TEXTBOOK only) <input type="checkbox"/> (NOTES only) <input type="checkbox"/> (TEXT & NOTES)			<input type="checkbox"/> Yes <input type="checkbox"/> No
	DICTIONARY allowed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	OUTSIDE SOURCES allowed? (INTERNET/ONLINE SOURCES)			<input type="checkbox"/> Yes <input type="checkbox"/> No
	BATHROOM breaks?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	FORMULA SHEET allowed? If yes, please be specific in Special Instructions below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
	COMPUTER required? NAME of SOFTWARE required:			<input type="checkbox"/> Yes <input type="checkbox"/> No
EXIT THE TESTING CENTRE UPON COMPLETION OF TEST? NO indicates student must stay for 1/3 of the class time allowed as per the Exam Regulations.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
ONLINE test? <input type="checkbox"/> (ONLINE only) <input type="checkbox"/> (2-part test – ONLINE & written portion)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIAL INSTRUCTIONS?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Faculty Name (please print clearly): _____ Date: _____ We need the following information in case we need to contact you for clarification of questions (will not be shared with students): Classroom Number: _____ Classroom Extension: _____ Cellphone: _____				

FOR OFFICE USE	Date:	TIME:	Started:	1/3 time:	Allotment:	Completed:
	Room #:		Seat #:	<input type="checkbox"/> Photo ID		
	Student Signature:	X			Test Proctored By:	
	Proctor's Notes:					
Confirmation of Test Pick-Up (By Faculty)						
Instructor's Signature:				Date:		