



Accessibility Resource Program (ARP)
 Center for Academic and Accessibility Resources (CAAR)
 60 West Olsen Road #5300, Thousand Oaks, CA. 91360
 Main (805) 493-3260 Direct (805) 493-3878 Fax (805) 493-3472
 TTY to Voice (800)735-2929 California Relay Service

Testing Accommodation Request

Provision of the test accommodations is required by federal law when proper documentation states that the accommodation is reasonable and appropriate for specific disability related needs. **It is the sole responsibility of the student to request testing accommodations in a timely manner.** Please note that in all testing situations, a proctor will be present to assure academic integrity.

INCOMPLETE FORMS WILL NOT BE ACCEPTED

STUDENT

Step 1: Please complete the following information and provide it to your professor two weeks prior to the in-class exam. **It is the responsibility of the student to ask the Professor to complete their section of the form.**

Student Name: _____ Today's Date: _____
 Student Phone: _____ Course Number: _____
 Student Email: _____ Course Date/Time: _____

Step 2: Schedule a testing time with Tara Araiza **one week prior to your exam date.**

PROFESSOR

Please complete the following information and have the **student** return it to the ARP office **at least one week prior to the exam date.** To assure quality proctoring services, our office would like to receive the exam at least one class day prior to test date.

Class Exam Date: _____ Class Start Time: _____ End Time: _____

Test will be sent (please check one):

- Electronically** (Please send exams to taraiza@clunet.edu)
- Professor will **Hand Deliver** to CAAR
- Please send a **CAAR** staff member to pick up exam from: Location: _____ Date _____

Specific Allowances (check all that apply):

- Open Notes
- Open Textbook
- Spell Check
- Turn in Scratch Paper
- Calculator
- Dictionary
- Reference Sheets: Pages (#) _____

Special Instructions/Comments: _____

How would you like the test returned? Admin Asst. Mail Box My Office (please indicate what time: _____)

Professor's Signature _____ **Date:** _____

STAFF

Proctor: _____ Date Returned: _____
 Lab Room: _____ Deliver To: _____
 Exam Began: _____ Signature of Receipt: _____
 Exam Ended: _____ Printed Name: _____