**SUNY** SCHENECTADY
COUNTY COMMUNITY COLLEGE

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TestingCenter@sunysccc.edu

## ADA TESTING APPOINTMENT

Today's Date: _____

Student: _____

Test Date: _____     Time: _____

Course: _____

Instructor: _____

**I am requesting**:         (          Extended time
                                    ( )     Distraction-reduced space
                                    ( )     Reader (Kurzweil)
                                    ( )     Writer/Scribe
                                    ( )     Other:_____

Please tell us anything about yourself or how you test, that might help us make you feel more comfortable: _____

_____

### Please take the "Exam Checklist" to your Instructor as soon as possible!

Eff. 9/13/23