

Need to Scan	<input type="checkbox"/>
Saved to Flash	<input type="checkbox"/>
ADA Checked	<input type="checkbox"/>
*For Testing Center use	

Start Time:	_____
End Time:	_____
Date:	_____
*For Testing Center use	

SUNY SCHENECTADY



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 TestingCenter@sunysccc.edu

ADA EXAM COVERSHEET

Student completes this section:

Student's Name: _____

Date and Time of Exam: _____

Instructor's Name: _____

Course: _____

Instructor completes this section:

*Testing Center can complete this portion if unsure of ADA accommodations

Class time allotted: _____

Time and ½ _____

Double time _____

Please mark appropriate testing preferences and ADA Accommodations*

Open Book --- CLOSED Book

Online resources: YES / NO

Calculator --- NO Calculator

Notes --- NO Notes

Brightspace/Online notes: YES / NO

- Extended time
- Distraction reduced
- Word processor
- Reader
- Writer/Scribe
- Other _____

Special Instructions:

Scantron (if Yes, **please provide**)

Exam no longer valid after: _____