GTCC Assessment Center Testing Instruction Form

This form and a copy of the exam must be submitted a minimum of 24 hours before the first testing date.
Please fill a separate form out for each student **OR** if students all require the same instructions, you are welcome to fill out a single form and attach a roster of all students who will be testing.

Instructor Name:	**Date Submitted:**
Instructor Contact Information: (Will not be provided to student)	
Course Name / #	**Test #**
Is test paper or computer based? ☐ Paper ☐ Computer Based	
Does test have password? ☐ Yes ☐ No	**Password**

TIME ALLOWED FOR IN-CLASS TESTING: _____
Assessment Center will make the time adjustments as required for students with accommodations.

If test time exceeds 1 hour, are students allowed a restroom break? ☐ Yes ☐ No

Name of individual taking test (or provide a roster):

First day/time test may be taken:	**Last** day/time test must be completed by:
Student should mark answers on: ☐ Scantron ☐ Test Booklet ☐ Paper ☐ Other	

Students can use

Calculator:	☐ None ☐ basic ☐ Scientific ☐ Graphing ☐ Other
Open Book:	Specify which book:
Graphs or Tables	Specify type:
Scratch Paper/ Graph Paper	Collect scratch paper with test? ☐ Yes ☐ No
Notes:	Are notes allowed: ☐ Yes ☐ No Collect notes used for test: ☐ Yes ☐ No
Notes	Note Cards: ☐ 3X5 ☐ 4X6 8.5 X 11 paper ☐ Yes ☐ No
	Specify quantity: Specify quantity:
	☐ Typed ☐ Handwritten ☐ Typed ☐ Handwritten
	☐ 1-sided ☐ 2-sided ☐ 1-sided ☐ 2-sided

** Would you like the completed tests scanned to your email? Yes ☐   No ☐

** Any additional information we need to know?