

**Dakota Wesleyan University
Office of Student Disability Services
Confirmation of Test Accommodation Form**

Student Name: _____

Date: _____

Course: _____

Instructor: _____

Test Accommodation(s) Administered:

- | | |
|--|---|
| <input type="checkbox"/> Exam Proctored | <input type="checkbox"/> Double Time |
| <input type="checkbox"/> Time and a Half | <input type="checkbox"/> Use of Kurzweil 3000 |
| <input type="checkbox"/> Quiet Location Provided | |

Start time: _____

End time: _____

Other Classroom Accommodations as Described:

Student agrees accommodations were met: _____

Student's Initials

Student Signature: _____

Date: _____

Proctor's Signature: _____

Date: _____

Instructor's Signature: _____

Date: _____

**** Please return a copy of this form to Office of Disability Services.**