

Accessibility Services Center Testing Center: Fairfield
 Phone Number: 707-864-7118
 In-Person Office Hours: Monday-Thursday 8:30AM-3:00PM

Location: Building 400, Room 442
 Email Address: asctesting@solano.edu

ASC Test Routing Slip Term: Fall _____ Spring _____ Summer _____ Year: 20 _____

Attn: Instructor: Please complete the routing slip and submit with the exam/quiz to asctesting@solano.edu

Routing Slip must be emailed prior to the 5-7 days of the exam date to allow time for scheduling the exam.

Exam must be emailed at least 2 business days before exam date.

Student's Name:

Instructor's Name & Inter-Office Mail Location:

Course:

For Instructor Use Only

| Duration of test in classroom | Permitted Resources | Alternate Format | Special Instructions: |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <input type="checkbox"/> 10 mins <input type="checkbox"/> 20 mins <input type="checkbox"/> 50 mins <input type="checkbox"/> 75 mins <input type="checkbox"/> 90 mins <input type="checkbox"/> 2 hrs. <input type="checkbox"/> Other (specify in detail) | <input type="checkbox"/> Calculator <input type="checkbox"/> Dictionary <input type="checkbox"/> Canvas/No Cost Textbook <input type="checkbox"/> Scantron/Bluebook (circle) <input type="checkbox"/> Other (specify in detail) | <input type="checkbox"/> Kurzweil <input type="checkbox"/> Dragon <input type="checkbox"/> Computer <input type="checkbox"/> Exam Enlarged <input type="checkbox"/> Other (specify in detail) | |

Test: Day, Time, and Date

| | | |
|------------------------------------|---------------|------------------|
| <input type="checkbox"/> Monday | 8:30AM-3:00PM | Date/Start time: |
| <input type="checkbox"/> Tuesday | 8:30AM-3:00PM | Date/Start time: |
| <input type="checkbox"/> Wednesday | 8:30AM-3:00PM | Date/Start time: |
| <input type="checkbox"/> Thursday | 8:30AM-3:00PM | Date/Start time: |

Instructor:

Instructor's Contact Number:

Instructor's Return Delivery Method: Inter- Office Mail Bldg #: _____ Instructor Pick-up Student Hand Deliver

Email (SCC email unless otherwise specified)

Instructor Exam Pick-Up Signature: _____ Date: _____

Accessibility Services Center Testing Office Use Only

| |
|---------------------------------------------------------|
| <input type="checkbox"/> 1 ½ times the normal test time |
| <input type="checkbox"/> 2 times the normal test time |

| | | | |
|-----------------------|-------|-------|----------------|
| Routing Slip received | Date: | Time: | Staff initial: |
| Test received | Date: | Time: | Staff initial: |
| Start time | Date: | Time: | Staff initial: |
| Completion time | Date: | Time: | Staff initial: |
| Test returned | Date: | Time: | Staff initial: |