TESTING ACCOMMODATION REQUEST FORM (TARF)

All forms are due 3 weeks prior to exam date, except for final exams. The deadline is generally 6 weeks before finals. If you submit a form after the deadline, be prepared to take the exam in class without accommodations. If DS is able to administer your exam, you will receive a confirmation email. Forms will not be accepted without professor signature, with the exception of Master TARFS. Please see https://health.columbia.edu/services/testing-accommodations for a list of courses with a Master TARF to be submitted instead of this form. There is a separate form for QUIZZES (www.health.columbia.edu). A full description of exam procedures and responsibilities is outlined in the DS Testing Accommodation Agreement.

Student Section

Name: ____________________________ UNI: ___________ Cell: ____________________________

Course: ____________________________ Section: ________ Professor: ________

TA Name: ____________________________ TA Email: ____________________________

Exam Dates: (1) ___________ (2) ___________ (3) ___________ (must use a separate form for final exams)

Exam Start Time: ____________________________

If you are eligible for the following accommodations, indicate below which you will need for this exam:

- Use of computer: [ ] No [ ] Yes (check one: [ ] PC or [ ] MAC)
- Open book test - please specify:
  - ___________ Notes permitted - please specify:
    - [ ] Unlimited pages, or
    - # Pages: ___________ Size: [ ] 8.5x11 or
    - [ ] Single-sided or [ ] Double-sided
- Additional Proctoring Instructions: ____________________________

Instructor Section

1. Exam details/specifications: Student permitted to bring and use the following (please check all that apply):

- [ ] Calculator - specify type:
  - Basic 4-function [ ] TI 30-XS [ ] Scientific/Non-Graphing [ ] Graphing/Programmable [ ] Any
- [ ] Open book test - please specify:
- [ ] Notes permitted - please specify:
  - [ ] Unlimited pages, or
  - # Pages: ___________ Size: [ ] 8.5x11 or
  - [ ] Single-sided or [ ] Double-sided
- ___________ Additional Proctoring Instructions: ____________________________

2. Exam format includes (please check all that apply):

- [ ] PowerPoint Slideshow (PPT) [ ] Audio File [ ] Video/Film Clip

If yes, I will: [ ] Administer myself [ ] Deliver to DS at least 72 hours in advance

- [ ] Exam administered online (i.e., Courseworks exam) - please specify: ____________________________

3. Amount of time class receives for exam: ___________ minutes. (DS will adjust accordingly)

4. Contact info during exam for student questions: ____________________________ Call: ____________________________

5. Delivery of completed exam: (If this section is left blank, the exam will be emailed to your uni@columbia.edu email)

- [ ] Pick up exam at DS (Wien Hall, Ste. 108A) [ ] Email copy of exam to: ____________________________

- [ ] Campus Delivery: (signature required): ____________________________ (Building) ____________________________
  ____________________________ (Floor/Room)

I agree to have DS administer my exam(s) for the above student on the date(s) and time(s) listed above with the appropriate accommodations, and to send a copy of the exam, audio, video and/or PPT files at least 72 hours in advance of the exam. If I am unable to send the exam by this deadline, I will be responsible for proctoring this exam with the student’s approved accommodations. Additionally, I understand that the start time listed above may need to be adjusted due to the student’s extended time or class schedule, when medically necessary and/or DS’ hours of operation. DS will make best efforts to schedule the exam to overlap with the in-class exam. If this is not possible, DS will contact me to determine the best way to accommodate the student.

Signature: ____________________________ Professor Signature not required for Master TARF courses ____________________________ Date: ____________________________

FOR DS STAFF ONLY: [ ] Exam Received ____________________________ Revised September 2021
Accommodations/equipment required for student's exam:
- [ ] Extended Time: _________  [ ] Rest Breaks: _________ (min/hour)  [ ] Other: ________________________________

Class exam length: ____________________________________________
Exam length + extended time: ________________________________
Maximum rest break time: ________________________________
Maximum exam length: ________________________________________

Entered by (DS Staff): ________________________________
Double Checked by (DS Staff): ________________________________

*Evening Exam Time Check: ________________________________
(refer to evening exam information)

Proctor Log- EXAMS- (Please print your name for every field you complete below)

Name of Proctor: (1) __________________________ (2) __________________________
Name of Proctor: (3) __________________________ (4) __________________________

Proctor notes on student questions, exam delays, or any issues (NOTE: Proctor still needs to email/call DS in real time):

______________________________________________________________

* Email DS if student arrives 10 minutes (or more) after the scheduled start time to determine exam end time (Semester exam only)

Exam Time Log For Students Eligible for Rest Breaks + Extended Time
(One rest break per hour. Unused rest break time does not carry over into next break)

<table>
<thead>
<tr>
<th>Actual Exam Start Time: _______</th>
<th>Expected End Time: _______</th>
<th>Latest End Time: _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>(without any rest breaks)</td>
<td>(with all rest breaks)</td>
<td></td>
</tr>
<tr>
<td>Break 1 Length: _______</td>
<td>New End Time: _______</td>
<td>Break 3 Length: _______</td>
</tr>
<tr>
<td>New End Time: _______</td>
<td></td>
<td>New End Time: _______</td>
</tr>
<tr>
<td>Break 2 Length: _______</td>
<td>New End Time: _______</td>
<td>Break 4 Length: _______</td>
</tr>
<tr>
<td>New End Time: _______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actual Exam End time: _______</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Exam Time Log for Students NOT Receiving Rest Breaks

<table>
<thead>
<tr>
<th>Actual Exam Start Time: _______</th>
<th>Expected End Time: _______</th>
<th>Actual End Time: _______</th>
</tr>
</thead>
</table>

Bathroom Breaks Log: Please alert DS if student does not return to room after 8 minutes, and before allowing 3rd break.

<table>
<thead>
<tr>
<th>Departure time: _______</th>
<th>Return: _______</th>
<th>Departure time: _______</th>
<th>Return: _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Departure time: _______</td>
<td>Return: _______</td>
<td>Departure time: _______</td>
<td>Return: _______</td>
</tr>
<tr>
<td>Departure time: _______</td>
<td>Return: _______</td>
<td>Departure time: _______</td>
<td>Return: _______</td>
</tr>
</tbody>
</table>

#Blue Books Issued: _____ Used: _____ Returned: _____
# Scrap Paper Issued: _____ Used: _____ Returned: _____
#Exam Paper Issued: _____ Used: _____ Returned: _____

Computer Use: YES [ ] NO [ ]
Computer #: ______
Flash drive #: ______

Exam scanned by: (Print name): __________________________ Date: ____________
Exam delivered by: (Print name): __________________________ Date: ____________
Exam emailed by: (Print name): __________________________ Date: ____________

Delivery Receipt Information – (To Be Completed by Person Receiving/Picking up Exam):

Print name: __________________________ Signature: __________________________ Date: ____________
Check one:  [ ] Picked up at DS office  [ ] Delivered to: ____________________________