

DS STAFF USE ONLY

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)

Actual Exam Start Time: _____ Expected End Time: _____ Latest End Time: _____
(without any rest breaks) (with all rest breaks)

Break 1 Length: _____ New End Time: _____ Break 3 Length: _____ New End Time: _____

Break 2 Length: _____ New End Time: _____ Break 4 Length: _____ New End Time: _____

Actual Exam End time: _____

Exam Time Log for Students NOT Receiving Rest Breaks

Actual Exam Start Time: _____ Expected End Time: _____ Actual End Time: _____

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

Departure time: _____ Return: _____ Departure time: _____ Return: _____

Departure time: _____ Return: _____ Departure time: _____ Return: _____

#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: _____