

QUIZ ACCOMMODATION REQUEST FORM (QARF)

All forms due **3 weeks** prior to **first** quiz date. Forms will not be accepted without professor signature, with the exception of Master QARFs. Please see <https://health.columbia.edu/services/testing-accommodations> for a list of courses with a Master QARF to be submitted instead of this form. Quizzes **will not** be administered if a student arrives more than **10 minutes** late.

Student Section

Name: _____ UNI: _____ Cell: _____

Course: _____ Section: _____ Professor: _____

TA Name: _____ TA Email: _____

 1. _____ 5. _____ 9. _____
 2. _____ 6. _____ 10. _____
 3. _____ 7. _____ 11. _____
 4. _____ 8. _____ 12. _____

Preferred Start Time: (please check one)

8:40 AM	10:10 AM	11:40 AM	1:10 PM
2:40 PM	4:10 PM	5:00 PM	

DS Confirmed Start Time: _____ DS Staff Initials: _____

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

 Use of computer: No Yes (check one: PC or MAC) Scribe: No Yes Other: _____

Instructor Section

1. Quizzes are administered:

Start of class During Class End of Class Other: _____

2. Quizzes must be administered by DS:

 Before class on the same day Any day during the same week Other: _____
 After class on the same day

3. Quiz details/specifications: (Please check all that apply for your quiz)

 Calculator permitted
 Basic 4-Function TI 30-XS Scientific/Non-Graphing Graphing/Programmable Any

Open book quiz - please specify: _____

 Notes permitted - please specify: Unlimited pages, **OR**

 # Pages: _____ Size: 8.5x11 or _____ Single-sided or Double-sided

Additional Proctoring Instructions: _____

4. Amount of time class receives for quiz: _____ minutes. (DS will adjust accordingly)

5. Quizzes will be delivered to DS by: Professor TA

6. Contact info during quiz for student questions: _____
(Email) (Phone)
7. Delivery of completed quiz: (If this section is left blank, the quiz will be emailed to your uni@columbia.edu email)

Pick up quiz at DS (Wien Hall, Ste. 108A) Email copy of quiz to: _____

 Campus Delivery: (signature required): _____
(Building) (Floor/Room)

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

 Signature: _____ **Professor Signature not required for Master QARF courses** Date: _____ **Spring 2023**

DS STAFF USE ONLY

Accommodations/equipment required for student's quiz:

Extended Time: _____ Rest Breaks: _____ (min/hour) Other: _____

Class quiz length: _____

Quiz length + extended time: _____

Maximum rest break time: _____

Maximum quiz length: _____

Entered by (DS Staff): _____

Double Checked by (DS Staff): _____

Evening Quiz Time Check: _____

*(refer to evening exam information)

Proctor Log- QUIZ - (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 if quiz will be administered.**

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

Break 1 Length: _____ New End Time: _____ Break 2 Length: _____ New End Time: _____

Actual Exam End time: _____

Quiz Time Log for Students NOT Receiving Rest Breaks

Actual Quiz 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: _____

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

#Exam Paper Issued: _____ Used: _____ Returned: _____ Computer Use: YES NO Computer #: _____ Flash drive #: _____

Quiz scanned by: (Print name): _____ Date: _____

Quiz delivered by: (Print name): _____ Date: _____

Quiz emailed by: (Print name): _____ Date: _____

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

Print name: _____ Signature: _____ Date: _____

Check one: Picked up at DS office Delivered to: _____