

## 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](mailto: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 3<sup>rd</sup> 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: \_\_\_\_\_