

## 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](http://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) No Yes Other: \_\_\_\_\_

I have an exam conflict on (include all dates): \_\_\_\_\_ Discuss the conflict(s) with your instructor to determine adjusted start time or date. Have your instructor sign the line below indicating their approval for the adjusted start time or date.

Adjusted Start Time or Date: \_\_\_\_\_ Instructor Signature: \_\_\_\_\_

### 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:** \_\_\_\_\_

(Email)

(Phone)

**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: **Gdf]b[ 202'** \_\_\_\_\_

**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 3<sup>rd</sup> 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: \_\_\_\_\_