



**Xavier University of Louisiana**  
**Office of Disability Services**  
**1 Drexel Drive – Box 180**  
**New Orleans, LA 70125**

**Office: (504) 520-7607**  
**Fax: (504) 520-7917**

**Alternative Testing Agreement Form**

**Student Information:**

**Name:** \_\_\_\_\_ **Term:** Fall 20 \_\_\_ Spring 20 \_\_\_ Summer 20 \_\_\_

**Id#:** \_\_\_\_\_ **Contact #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Course Information:** (Example: BIOL 101 01 General Biology)

**Instructor Name:** \_\_\_\_\_ **Instructor Email:** \_\_\_\_\_

**Course Dept.:** \_\_\_\_\_ **Number:** \_\_\_ **Section:** \_\_\_ **Title:** \_\_\_\_\_

**The above named student qualifies for alternative testing because of a documented disability. The following accommodations are approved through ODS.**

**Approved Testing Accommodation(s): Please check (✓) all that apply:**

Extended Time \_\_\_ X1.5 \_\_\_ X2 \_\_\_ (specify) X\_\_\_ Distraction reduced testing \_\_\_

Calculator \_\_\_ Spell check \_\_\_ Screen reading technology: \_\_\_ Test Scribe/Reader \_\_\_

Wheelchair-accessible testing station \_\_\_ Computer use \_\_\_

Other (specify): \_\_\_\_\_

**ODS Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To Be Completed by Faculty:** This agreement will instruct ODS on how you want us to administer exams on your behalf. Prior to this agreement you should have received an Accommodation Confirmation Notification from Office of Disability Services (ODS) and also the student should have discussed arrangements for this test prior to you completing this form.

**Date of Test** \_\_\_\_\_ **Time of Test:** \_\_\_\_\_

How much time does your class get for the test? \_\_\_ **hours** \_\_\_ **minutes**

Approved Extended time for this student: \_\_\_ **hours** \_\_\_ **minutes**

Approved time of day for this student to test: Check (✓) one: Monday - Friday

\_\_\_ **Class Time** \_\_\_ **Anytime** (8:30 – 4:30) \_\_\_ **Morning** (8:30 – Noon) \_\_\_ **Afternoon** (Noon-4:30)

I understand that the student will be allowed to use only the accommodations indicated by ODS in the Approved Testing Accommodation Section above for this test. If you have any questions or concerns, please contact the Office of Disability Services by phone (504)520-7607 or email @ [disabilityservices@xula.edu](mailto:disabilityservices@xula.edu)

**Instructor's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Test Delivery Instructions:** Check (✓) one

\_\_\_ Instructor will deliver exam to the Office of Disability Services (ODS).

\_\_\_ Designee will deliver exam to the Office of Disability Services (ODS).

**Designee Name:** \_\_\_\_\_

**Test Return Instructions:** Check (✓) one

\_\_\_ Instructor will pick up exam from the Office of Disability Services (ODS).

**Test picked up by instructor: Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Initial** \_\_\_\_\_

\_\_\_ Designee will pick up exam from the Office of Disability Services (ODS).

**Designee Name:** \_\_\_\_\_

**Test picked up by designee: Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Initial** \_\_\_\_\_

Please be aware that any and all disability-related information is confidential and should be treated as such. If you have any questions or concerns, please contact the Office of Disability Services by phone (504)520-7607 or email @ [disabilityservices@xula.edu](mailto:disabilityservices@xula.edu).