**Test Cover Sheet - Library & Achieve Program**

Please complete this form and e-mail it with a copy of the test to: [**TestCenter@villa.edu**](mailto:TestCenter@villa.edu)

Questions, please call: 716-961-1863

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Instructor:** | | | | **Course:** | | |
| **Personal Contact Information (email or phone #)**  **in case of questions during tests:** | | | | | | |
| **Today’s Date:** | **Test Deadline Date:** | | **In-class Time Limit\*** (we will calculate accommodated time)  Hour(s): Minutes: Untimed/No Limit | | | |
| **Please list the student(s) first and last name(s) that will be taking this test:** | | **Please mark a check next to the type of test/quiz** | | | **(To complete at pick up)**  **Date of pick up:** | **(To complete at pick up)**  **Instructor’s Initials:** |
| **1)** | | Make-up  Accommodated | | |  |  |
| Achieve student? Yes No | |
| **2)** | | Make-up  Accommodated | | |  |  |
| Achieve student? Yes No | |
| **3)** | | Make-up  Accommodated | | |  |  |
| Achieve student? Yes No | |
| **4)** | | Make-up  Accommodated | | |  |  |
| Achieve student? Yes No | |
| **5)** | | Make-up  Accommodated | | |  |  |
| Achieve student? Yes No | |

# Please check mark your response for each question:

|  |  |  |
| --- | --- | --- |
| **Instructor Preferences:** | **Yes** | **No** |
| Complete test on a SCANTRON (if yes, form number:\_\_\_\_\_\_\_\_) |  |  |
| Calculator use permitted for make-up test/quiz |  |  |
| Open Textbook |  |  |
| Open Notes |  |  |
| Seal in an envelope and send back to instructor via student |  |  |

**Additional notes from instructor:**

## \*For scheduling purposes, if a time limit isn’t provided, the student will be given the normal duration of the class time plus any appropriate accommodations. Thank you!