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

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

Questions, please call: 716-961-4090

|  |  |
| --- | --- |
| **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:** |
|  **1)** |  **6)** |
|  **2)** |  **7)** |
|  **3)** |  **8)** |
|  **4)** |  **9)** |
|  **5)** |  **10)** |

# 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 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!