

Accessibility Services Center Testing Center: Fairfield
Phone Number: 707-864-7118
In-Person Office Hours: Monday-Thursday 8:30AM-3:00PM

Location: Building 400, Room 442
Email Address: asctesting@solano.edu

ASC Test Routing Slip Term: Fall _____ Spring _____ Summer _____ Year: 20

Attn: Instructor: Please complete the routing slip and submit with the exam/quiz to asctesting@solano.edu

Routing Slip must be emailed prior to the 5-7 days of the exam date to allow time for scheduling the exam.

Exam must be emailed at least 2 business days before exam date.

Student's Name:

Instructor's Name:

Course:

For Instructor Use Only

Duration of test in classroom	Permitted Resources	Alternate Format	Special Instructions:
<input type="checkbox"/> 10 mins <input type="checkbox"/> 20 mins <input type="checkbox"/> 50 mins <input type="checkbox"/> 75 mins <input type="checkbox"/> 90 mins <input type="checkbox"/> 2 hrs. <input type="checkbox"/> Other (specify in detail)	<input type="checkbox"/> Calculator <input type="checkbox"/> Dictionary <input type="checkbox"/> Canvas/No Cost Textbook <input type="checkbox"/> Scantron/Bluebook (circle) <input type="checkbox"/> Other (specify in detail)	<input type="checkbox"/> Kurzweil <input type="checkbox"/> Dragon <input type="checkbox"/> Computer <input type="checkbox"/> Exam Enlarged <input type="checkbox"/> Other (specify in detail)	

Test: Day, Time, and Date

Monday 8:30AM-3:00PM Date/Start time:
 Tuesday 8:30AM-3:00PM Date/Start time:
 Wednesday 8:30AM-3:00PM Date/Start time:
 Thursday 8:30AM-3:00PM Date/Start time:

Instructor:

Instructor's Contact Number:

Instructor's Return Delivery Method: Inter- Office Mail Instructor Pick-up Student Hand Deliver

Email (SCC email unless otherwise specified)

Instructor Exam Pick-Up Signature: _____ Date: _____

Accessibility Services Center Testing Office Use Only

1 ½ times the normal test time

2 times the normal test time

Routing Slip received Date: _____ Time: _____ Staff initial: _____

Test received Date: _____ Time: _____ Staff initial: _____

Start time Date: _____ Time: _____ Staff initial: _____

Completion time Date: _____ Time: _____ Staff initial: _____

Test returned Date: _____ Time: _____ Staff initial: _____