

ASSESSMENT REQUEST FORM



DE LA SALLE
NORTH CATHOLIC
HIGH SCHOOL

Assessment request forms are due to the ARC **one** day prior to your scheduled exam

Student Name: _____ Date of test: ____/____/____

Teacher Name: _____ Class Period: _____

Is this a make-up test?

☐ Yes

☐ No

Make-up period: _____

Students with LSA's only Accommodations requested

- ☐ Breaks as needed
- ☐ Time and a half (50%)
- ☐ Exam in a distraction free environment

Accommodations requested to those who qualify (please check LSA)

- ☐ Chunk exams
- ☐ Exam read orally
- ☐ May write directly on tests/ no Scantron
- ☐ Speech to text on written exams
- ☐ Teacher approved notecard
- ☐ Digitally record answers
- ☐ Calculator

Teacher use only

Regular time allowed in class to take test (**without accommodations**): _____

☐ This test will be delivered to **the ARC mailbox in the staff room**

Allowable resources:

- ☐ Calculator
- ☐ Student-produced notes
- ☐ Formula Sheet
- ☐ Book (Title: _____)
- ☐ Study guide
- ☐ Other: _____

Included materials:

- ☐ Test
- ☐ Answer Sheet
- ☐ Reference Sheet
- ☐ Book (Title: _____)
- ☐ Calculator
- ☐ Other: _____

Special Instructions (i.e. turn in notecard, must show work for credit, etc.)

Teacher Signature: _____

Date: ____/____/____

