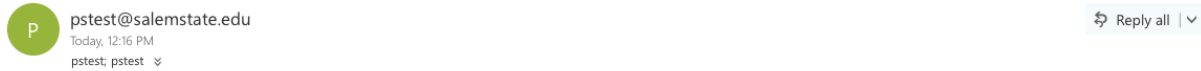


FACULTY INSTRUCTIONS FOR THE ONLINE TESTING ACCOMMODATION REQUEST FORM

1. In your Salem State email, you will receive notification of a testing accommodation request.

Notification of Testing Accommodation Request for [] for []



This message was sent with high importance.

Hello Professor []

[] in your [] class has requested accommodations for an exam scheduled on [] at []

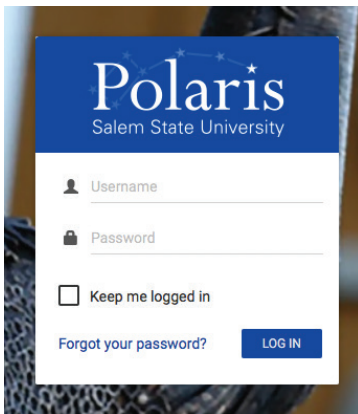
To complete and approve testing form, please:

- log into [Polaris](#)
- go to Faculty Center
- go to Peoplesoft Student Information System
- Use the Disability Services menu option to review this student's request and fill out the faculty portion of the form.

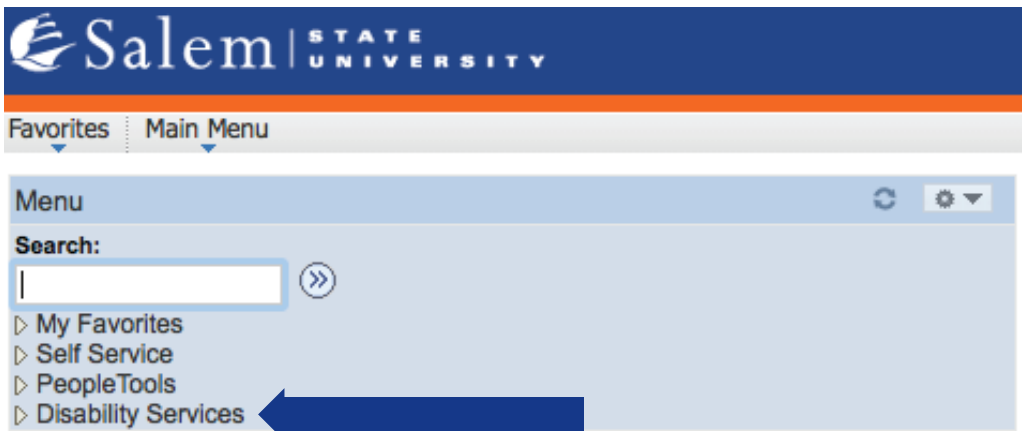
Thank you,
Disability Services at
Salem State University
Berry Library and Learning Commons
Room G020

978.542.6217 (tel)
978.542.2064 (fax)
978.542.7146 (tty)
978.910.0167 (videophone)

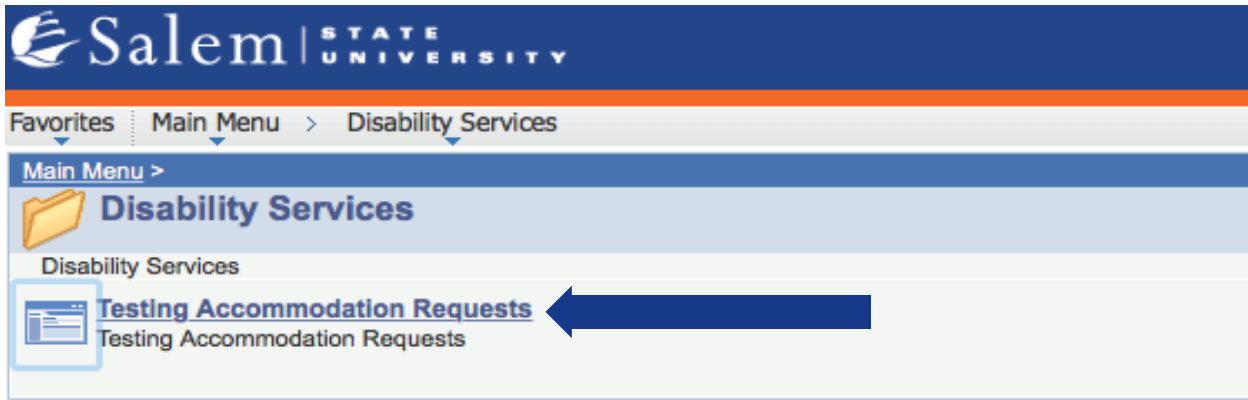
2. Login to the Faculty Center in Polaris.



3. Click the "Disability Services" link in the main menu.



- Select "Testing Accommodation Requests"



This will display all submitted and past requests received for any classes you are teaching in the current semester. Requests with a status of "submitted" will be displayed at the top of the list and require faculty action.



- Click "Review" to complete the faculty portion of a specific request.



- * If the student proposed a new date/time to take the exam due to extenuating circumstances, you will need to click the checkbox at the top of the instructor section to agree to this new time **at your discretion**.

II. TO BE COMPLETED BY INSTRUCTOR

I agree to the new date and time ←

- 6. Complete the instructor portion by selecting the time allotted to the class for the exam, materials allowed, any additional instructions, method of contact during the exam, as well as method of delivery and return of exam in the corresponding fields.

II. TO BE COMPLETED BY INSTRUCTOR

I agree to the new date and time

Time allotted to students without accommodations:
 50 minutes 75 minutes 2 hours 2 hours 40 minutes Other:

Materials allowed on exam:
 Calculator Textbook Notes Computer Scrap Paper Other:

Additional Instructions:

Best contact method during exam:

Delivery of exams (choose one)

- Student will pick up the test from your office and deliver to Disability Services
- Delivered to Disability Services at least 24 hours prior to exam
- Exam e-mailed to disability-services@salemstate.edu

Return of exams (choose one)

- Hand delivered to you in a sealed envelope by student
- Delivered to your secretary in a sealed envelope by student
- Left at Disability Services to be picked up by the instructor
- Scanned and e-mailed to instructor's Salem State email address

Faculty E-signature Date/Time: Operator ID:
Faculty Email: Phone:

III. TO BE COMPLETED BY DISABILITY SERVICES STAFF

Notes: Current Status: Recorded by:

Date Test Completed: Start Time: End Time: (e.g. 10:00AM)

Operator Date/Time: OperatorID:

- 7. Click the checkbox to confirm approval with an e-signature.

Faculty E-signature ← /10/18 Operator ID: TESTFACULTY
Faculty Email: Phone:

8. Once completed, click "Submit" to complete. Click return to go back to the list of requests.

II. TO BE COMPLETED BY INSTRUCTOR

I agree to the new date and time

Time allotted to students without accommodations:

50 minutes 75 minutes 2 hours 2 hours 40 minutes Other:

Materials allowed on exam:

Calculator Textbook Notes Computer Scrap Paper Other:

Additional Instructions:

Best contact method during exam:

Delivery of exams (choose one)

Student will pick up the test from your office and deliver to Disability Services

Delivered to Disability Services at least 24 hours prior to exam

Exam e-mailed to disability-services@saalemstate.edu

Return of exams (choose one)

Hand delivered to you in a sealed envelope by student

Delivered to your secretary in a sealed envelope by student

Left at Disability Services to be picked up by the instructor

Scanned and e-mailed to instructor's Salem State email address

Faculty E-signature Date/Time: 01/10/18 Operator ID:

Faculty Email: Phone:

III. TO BE COMPLETED BY DISABILITY SERVICES STAFF

Notes: Current Status: Recorded by:

 Start Time: End Time: (e.g. 10:00AM)

Operator Date/Time: OperatorID:

Different Status Meanings:

Submitted – Submitted by student

Instructor Completed – Instructor portion has been submitted

Approved by D.S. – Received and approved by Disability Services

Pending – Not yet approved by D.S., requires further information

Withdrawn – Exam proctoring canceled by student or professor

No show – Student did not show up for exam