

Need to Scan   
Saved to Flash   
ADA Checked   
\*For Testing Center use

Start Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Date: \_\_\_\_\_  
\*For Testing Center use

# SUNY SCHENECTADY COUNTY COMMUNITY COLLEGE



Elston 427 • (518) 381-1293  
TestingCenter@sunysccc.edu

## ADA EXAM CHECK LIST

**Student** completes this section:

Student's Name: \_\_\_\_\_

Date and Time of Exam: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Course: \_\_\_\_\_

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**Instructor** completes this section:

**Class time allotted:** \_\_\_\_\_

Time and ½ \_\_\_\_\_

Double time \_\_\_\_\_

**Please mark appropriate testing preferences and ADA Accommodations\***

Open Book -- CLOSED Book

[ ] Extended time

Calculator -- NO Calculator

[ ] Distraction reduced

Notes -- NO Notes

[ ] Word processor

Scantron

[ ] Reader

[ ] Writer/Scribe

[ ] Other \_\_\_\_\_

**Special Instructions:**

\*Testing Center can complete this portion if unsure of ADA accommodations

**Exam no longer valid after:** \_\_\_\_\_