

# Louisiana Delta Community College

## Testing Form

Testing Center  
[ADAtesting@ladelta.edu](mailto:ADAtesting@ladelta.edu)

Room 137  
345-9290

**PLEASE SCHEDULE YOUR TESTS AT LEAST 3 SCHOOL DAYS IN ADVANCE!**

Student: To make an appointment for testing accommodations either call, e-mail, or come by the testing center. We will send the form to your teacher, but supply me with this information:

1. Name \_\_\_\_\_
2. Class/course \_\_\_\_\_
3. Phone number \_\_\_\_\_
4. E-mail address \_\_\_\_\_
5. Teacher \_\_\_\_\_
6. What are good dates/times for testing?  
Tuesdays a.m. or p.m.  
Wednesdays a.m. or p.m.  
Thursdays a.m. or p.m.  
Fridays a.m. or p.m.

Specific date: \_\_\_\_\_ Specific time: \_\_\_\_\_

(This does not guarantee a time, but it will help in creating the appointment).

Accommodations Requested:

Extended Time  Distraction-reduced environment  other/specify \_\_\_\_\_

Teacher comments: \_\_\_\_\_

Teacher Signature (Received)

Proctor _____
Time Began: _____
Time Ended: _____

<input type="checkbox"/> Handed to teacher _____
<input type="checkbox"/> Sent e-mail (copy made) _____
<input type="checkbox"/> Put in mailbox (copy made) _____
<input type="checkbox"/> Slid under door (copy made) _____