

# SAC INSTRUCTOR TEST INSTRUCTIONS FORM

Instructor's Name \_\_\_\_\_  
LAST FIRST

Course Name & Number \_\_\_\_\_

Time Limit: Hours \_\_\_\_\_ Min. \_\_\_\_\_ Test Deadline: \_\_\_\_\_

**IF A TEST IS FOR A DSPS STUDENT, PLEASE INDICATE NAME AND TOTAL TIME ALLOWED:**

**Name:** \_\_\_\_\_ **Hours** \_\_\_\_\_ **Min.** \_\_\_\_\_

**Adapted Computer Technology to Read Tests.** **Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

Return to Instructor's Box: (**Please ✓ choices**) Test & Answer Sheet \_\_\_\_\_ Answer Sheet only \_\_\_\_\_

Keep in Center, Instructor will pick up \_\_\_\_\_ Number of Copies dropped off \_\_\_\_\_

Special Instructions: (**Please circle any aids which are allowed to be used with test**)

Books Notes Scratch Paper Calculator Dictionary

Other Instructions:

**Answer sheet needed: Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Date Received:** \_\_\_\_\_