Office use only	
Date:	Initial:

SAC INSTRUCTOR TEST INSTRUCTIONS FORM

Instructor's Name:									
Course Name and Number:			First			Classroo	m Onlino		
Course Name and Number: ClassroomOnline									
Number of tests dropped off:		Scantro	on/Blue	book nee	ded:	Yes	No		
Test Deadline:	t Deadline: Class time allowed for test:						Min		
Test return instruction: Instructor will pick up test from Assessment Center									
Return to instructor's mailbox: Test and answer sheet Answer sheet only									
Please circle any items / aids which	ch are allo	owed to b	e used	with test:					
Books Notes So	cratch Pape	er (Calculato	r	Diction	nary			
Other aids not noted or special instruc	tions:								
	Check accommodations for DSPS students (if applicable)								
Student Name						Enlargement Other			
				or reading	Print	CCTV	(please specify)		
NOTES:									
Assessment location in Canvas:									
Common managed (if manded).									
Canvas password (if needed):									
6. 1. (1). 1									
Student(s) taking the exam*: Student Name			Evne	cted date/ti	ma lif kn	own)			
Student Name			LAPE		ile (il kii	OWIII			

^{*} No more than six students from one class can take an exam at the same time. Please schedule your students accordingly.