

**MOUNT WACHUSETT COMMUNITY COLLEGE**

**EXAM CHECK LIST**  
**To be filled out by the Instructor**

Student \_\_\_\_\_

Exam location: \_\_\_\_\_ Academic Support Center \_\_\_\_\_ Adaptive Lab

Professor \_\_\_\_\_ Office \_\_\_\_\_ Extension \_\_\_\_\_

Date exam will be taken \_\_\_\_\_

On or before scheduled date.

Time allotted for exam \_\_\_\_\_

Check to ensure if extended time is noted on accommodation form.

Check all that apply:

Test format \_\_\_\_\_ paper \_\_\_\_\_ diskette

Notes allowed \_\_\_\_\_ yes \_\_\_\_\_ no

Open book \_\_\_\_\_ yes \_\_\_\_\_ no

Calculator allowed \_\_\_\_\_ yes \_\_\_\_\_ no

Scrap paper allowed \_\_\_\_\_ yes \_\_\_\_\_ no

Dictionary allowed \_\_\_\_\_ yes \_\_\_\_\_ no

Computer use allowed \_\_\_\_\_ yes \_\_\_\_\_ no

Grammar/spell check \_\_\_\_\_ yes \_\_\_\_\_ no

Breaks allowed \_\_\_\_\_ yes \_\_\_\_\_ no

Please specify other special instructions:

\_\_\_\_\_

Date exam dropped off: \_\_\_\_\_ Date exam picked up: \_\_\_\_\_

Academic Support Center \_\_\_\_\_ Adaptive Lab \_\_\_\_\_

Time exam started \_\_\_\_\_ Time exam finished \_\_\_\_\_

Please note all exam breaks.

IN \_\_\_\_\_ OUT \_\_\_\_\_ IN \_\_\_\_\_ OUT \_\_\_\_\_

The attached test will be kept in a locked file cabinet until the student takes the exam, or is returned unused to the professor. If you have any questions or concerns, please contact the Counselor for Students with Disabilities, extension 120, office 135.

Signature \_\_\_\_\_ Date \_\_\_\_\_