

Office of Disability Services
ATI and BLACKBOARD NURSING Proctor Sheet

It is the STUDENT'S responsibility to return the completed proctor sheet to the Disability Services Testing Center in CLC 107 a minimum of 5 BUSINESS DAYS prior to test administration.

****(PLEASE PRINT THE FOLLOWING AS NEAT AS POSSIBLE)****

_____ Student's Name	_____ Student's Email	_____ Student's Cell Phone #
_____ Course Name & Number	_____ Course Instructor/Office ext. (First and Last Name)	_____ Class Period (ex., MWF 12:50pm)

INSTRUCTOR: Please answer all questions below. If you have any questions, please call (864) 503-5199.

1. Exam taken:

Date: _____ **Begin Time:** _____

Time allotted on the computer to complete test, including extra time: _____ minutes

2. Please provide the following information:

A. ATI:

Cohort: _____

Name of Test: _____
(exactly as written in ATI)

Product ID/Password: _____

B. BLACKBOARD

Name of Test: _____

Lockdown Browser: Yes No

Password: Yes No

Date password to be emailed to disabilitytests@uscupstate.edu: _____

3. Materials:

ATI Assessment and Review Policy: Yes No

Calculator (via computer) Yes No

Scratch Paper: Yes No

Returned:

Shredded:

4. Please sign stating that the information provided above is correct.

INSTRUCTOR'S SIGNATURE: _____ **Date:** _____

OFFICE USE ONLY:

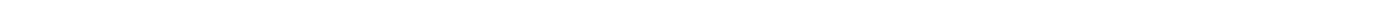
Date Information Received: _____ Date Test Taken: _____

Time Test Started: _____ Time Test Completed: _____

Proctor's Signature: _____ Student's Signature: _____



	Date	Initials
Placed on calendar	_____	_____
Emailed professor for password	_____	_____
Scanned scratch paper to professor; placed original in campus mail	_____	_____
Placed original materials (ATI form/scratch paper) in campus mail	_____	_____



NOTES: _____
