



AAC Exam Supervision Request Form

Date: _____ Student Name: _____ Grade: _____

Deadline to be completed by: _____ Teacher: _____

Exam Description: _____

Exam to be written in multiple sittings: Yes No Exam separated into multiple parts: Yes No # _____

- | | | | |
|---------------|-----------------------------------------|--------------------------|-----------------------------------------------------------|
| Class: | <input type="checkbox"/> English | Materials Needed: | <input type="checkbox"/> Calculator |
| | <input type="checkbox"/> Social Studies | | <input type="checkbox"/> Dictionary/Thesaurus |
| | <input type="checkbox"/> Math | | <input type="checkbox"/> Formula Sheet (Attached to exam) |
| | <input type="checkbox"/> Science _____ | | <input type="checkbox"/> Textbook |
| | <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Other _____ |

Special Instructions (i.e. Time Limit, Open Book, Advise Admin if not completed by deadline, etc.)

Exam Part A completed on: _____	Exam start time: _____	Exam end time: _____
Exam Part B completed on: _____	Exam start time: _____	Exam end time: _____

EXAM SUPERVISOR NOTES: _____



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