

DISABILITY SERVICES TESTING CENTER RULES

1. Be aware that cameras are in use and testers are monitored remotely.
2. Please enter and exit the room as quietly as possible. Try not to make noise to distract others in the room.
3. Place all personal items outside of testing room (in lockers or in an office).
4. No cell phones are allowed. Turn phones **off (not just on vibrate)** and put them in a safe place outside the testing room (in a locker or an office).
5. No electronic devices, including, but not limited to, phones, iPods, digital cameras, smart watches, etc. are allowed.
6. Calculators are permitted if clearly stated by your instructor that a calculator is allowed.
7. No handwritten or printed materials are permitted unless clearly stated by your instructor that these are allowed.
8. No packages, totes, book bags, purses, briefcases, etc. are allowed.
9. No food or drink unless specifically allowed by Disability Services staff.
10. No coats should be worn in the testing room.
11. Once you begin a test, you may not leave the testing room under any circumstances prior to completion of the test. Exceptions will be explained to the student.
12. Talking is not permitted in the testing room.
13. Students taking the same test may not test in the same testing room.
14. When you finish a test, return it to a secretary or Disability Services staff member.
15. Bring your own pencil/pen.
16. Throw away any unused scrap paper and clean up your area before you leave the testing room.
17. STAFF MEMBERS ARE NOT RESPONSIBLE FOR ITEMS LOST OR STOLEN DURING TESTING.

BREAKING ANY OF THESE RULES COMPROMISES THE INTEGRITY OF THE TEST. YOUR TEST WILL BE TAKEN AND YOUR INSTRUCTOR WILL BE CONTACTED. THE INSTRUCTOR WILL THEN ADDRESS THE BEHAVIOR AS AN INFRINGEMENT OF THE ACADEMIC HONESTY POLICY. SEE THE RACC WEBSITE FOR DETAILS.

PLEASE REVIEW AND ASK QUESTIONS IF YOU DO NOT UNDERSTAND THESE RULES. THEN SIGN YOUR NAME BELOW INDICATING THAT YOU UNDERSTAND AND WILL FOLLOW THE RULES OF THE DISABILITY SERVICES TESTING CENTER. THANK YOU.

SIGNATURE: _____ DATE _____