

Proctor Identification Form



Student Information

Name: _____

Email: _____

VHS Learning Course Title:

VHS Learning Teacher:

Approved Accommodations which I plan to use on the exam: (check all that apply)

- No accommodations necessary
- Extended time (Please alert VHS Learning Teacher so that they may extend time in course quiz area)
- Distraction Reduced Testing
- Human Reader (Exam not accessible with technology)
- Other: _____

Proctor Information

Name: _____

Title/Position: _____

Relationship to Student: _____

Phone #: _____

By signing below, the proctor agrees to:

- Pre-determine with the student an agreed upon date, time, and location to administer the exam
- Be physically present for the full duration of the exam
- Monitor the student to ensure student is not using resources and/or devices not approved by the teacher when taking the exam

Signatures

Student (Print Name): _____

Proctor (Print Name): _____

Student (Signature): _____

Proctor (Signature): _____

Date: _____

Date: _____

**VHS Learning Student: Please print and fill out this form, have your proctor sign the form, and then scan the form or take a photo of the form and submit it to your course Dropbox, as instructed in the lesson.*