DAKOTA COUNTY
TECHNICAL COLLEGE

Accessibility Testing Form

Instructor Name:
Course Name/Number:
Student Name:
Special Instructions:
Materials/Tools Allowed During Testing:
Time Allotted To Class For Completion: (Note: Maximum test time allowed will equal double the test time set by the Faculty Member)
Date/Time Test To Be Completed By:

You will be notified via DCTC email when the student has completed their test(s).

To be completed by test proctor.	
Time test began:	Time test ended:
Test proctor initials:	