Exam Verification Form

(to be completed upon completion of exam)



Student Information	
Name:	Approved Accommodations which I used on this exam: (check all that apply)
Email:	☐ No accommodations were necessary
VHS Learning Course Title:	 Extended time (Please alert VHS Learning Teacher so that they may extend time in course quiz area)
	☐ Distraction Reduced Testing
VHS Learning Teacher:	 Human Reader (Exam not accessible with technology)
	□ Other:
Proctor Information	
Name:	By signing below, the proctor verifies that they: • Were physically present for the full duration of the
Title/Position:	 exam Monitored the student to ensure student did not
Relationship to Student:	use resources and/or devices not approved by the teacher when taking the exam
Phone #:	
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.