#### GalCollegeLogoREADER/SCRIBE REQUEST

**STUDENT NAME: SEMESTER/YEAR:**

**PHONE # EMAIL:**

**Student responsibilities:**

* Students who are receiving reader/scribe services should attend all pre-arranged times.
* If the reader/scribe or the student do not attend the prearranged testing time within 15 minutes, the other party should notify the Special Services Advisor **IMMEDIATELY**.
* If a student is unable to attend the prearranged time due to a disability related reason or emergency, it is mandatory that the student contact the Special Services Counselor at least 48 hours in advance or as soon as it is possible.
* If a student no-shows or gives notice of a change less than 48 hours prior to a scheduled reader/scribe appointment, services may be suspended until the student meets with the Special Services Advisor. If the student, after meeting with the Special Service Advisor, continues to miss or cancel reader/scribe appointments, services may be suspended until arrangements can be made to assure consistent participation.
* I am requesting (please check one):  Reader  Scribe

**Student Signature: Date:**

**GC Special Services Representative: Date:**

**DATES REQUESTED FOR READER/SCRIBE:**

* **Please list quiz/test dates for the entire semester in date order on the back of this form. Begin with the date closest to the request.**
* **You can find quiz/test dates listed in in class’ course syllabus or contact your instructor(s). If a reader/scribe is not available during your scheduled quiz/test time, the Special Services Office will coordinate another time with the reader/scribe, the student and the instructor.**
* **You may copy the back of this form to list additional dates if needed.**

**EXAMPLE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quiz/Test Date** | **Quiz or Test Time** | **Location –**  **Room number or “Testing Center”** | **Course & Section #** | **Instructor** |
| Date: 03/25/18 | 9:30-11:50  am pm | R-252 | MATH 1300-1511 | John Smith |
| **Quiz or Test Date** | **Quiz or Test Time** | **Location –**  **Room number or “Testing Center”** | **Course & Section #** | **Instructor** |
|  | am pm |  |  |  |
|  | am pm |  |  |  |
|  | am pm |  |  |  |
|  | am pm |  |  |  |
|  | am pm |  |  |  |
|  | am pm |  |  |  |
|  | am pm |  |  |  |
|  | am pm |  |  |  |
|  | am pm |  |  |  |
|  | am pm |  |  |  |
|  | am pm |  |  |  |
|  | am pm |  |  |  |
|  | am pm |  |  |  |