

FACULTY CHECKLIST

ALTERNATIVE DELIVERY TESTING

Please use form for class test or for individual test.

Danville Area Community College-Assessment Center

Semester: Fall ___ Winter ___ Spring ___ Summer ___ 2012

(Please mark the appropriate semester)

Instructor: _____

Course: _____

Exam Date: Start Date _____ **End Date** _____

Time allowed for test: _____
(or approximate amount of time expected to complete test if un-timed)

Items students may use: _____
(ex: calculator, notes, books)

Additional materials to be supplied by instructor or Assessment Center:
(ex: scan-tron , essay paper {essay paper is marked from Assessment Center})

Exams will be:
(on campus faculty)

Delivered

Returned

_____ **Instructor Drop off**
_____ **Campus Mail**
_____ **E-mail (sisaac@dacc.edu)**

_____ **Instructor Pick Up**
_____ **Campus Mail**

Exams will be:
(off campus faculty)

_____ **Instructor Drop off**
_____ **Fax: 217-443-8715**
_____ **U.S. Mail (Registered)**
_____ **E-mail (sisaac@dacc.edu)**

_____ **Instructor Pick Up**
_____ **Fax: _____**
_____ **U.S. Mail (Registered)**

Other comments/instructions: _____

Assessment Center
Danville Area Community College/Cannon Hall/ Room 103
2000 East Main Street
Danville, IL 61832
E-mail: sisaac@dacc.edu
Assessment Center Telephone 443-8708
Fax: 217-443-8715