Office of Disability Services
ATI and BLACKBOARD NURSING Proctor Sheet
It is the STUDENT’S responsibility to return the completed proctor sheet to the Disability Services Testing Center in CLC 107 a minimum of 5 BUSINESS DAYS prior to test administration.

*(PLEASE PRINT THE FOLLOWING AS NEAT AS POSSIBLE)*

_______________________  ___________________  ___________________
Student’s Name          Student’s Email          Student’s Cell Phone #

_______________________  ___________________  ___________________
Course Name & Number    Course Instructor/Office ext. (First and Last Name)  Class Period (ex., MWF 12:50pm)

INSTRUCTOR: Please answer all questions below. If you have any questions, please call (864) 503-5199.

1. Exam taken:
   Date: ___________________________        Begin Time: ______________________
   Time allotted on the computer to complete test, including extra time: ______________ minutes

2. Please provide the following information:
   
   **A. ATI:**
   Cohort: ____________________________________________________________
   Name of Test: _______________________________________________________, (exactly as written in ATI)

   Product ID/Password: ________________________________________________

   **B. BLACKBOARD**
   Name of Test: ______________________________________________________
   Lockdown Browser:  Yes  ☐  No  ☐
   Password:  Yes  ☐  No  ☐

   Date password to be emailed to disabilitytests@uscupstate.edu: ________________

3. Materials:
   ATI Assessment and Review Policy:  Yes  ☐  No  ☐
   Calculator (via computer)  Yes  ☐  No  ☐
   Scratch Paper:  Yes  ☐  No  ☐

   Returned:  ☐
   Shredded:  ☐

4. Please sign stating that the information provided above is correct.