Anonymous Neurodivergent Testing Needs Survey

(Checkbox Version)

Introduction:
Thank you for participating in this anonymous survey. Your responses will help us better understand and address the testing needs of neurodivergent individuals. This survey is completely anonymous, and no identifying information will be collected.

General Testing Experiences

1. I often face challenges when taking tests.
    - ☐ Strongly Agree
    - ☐ Agree
    - ☐ Neutral
    - ☐ Disagree
    - ☐ Strongly Disagree
2. Which types of tests do you find most challenging? (Select all that apply)
    - ☐ Multiple choice
    - ☐ Essay or written responses
    - ☐ Oral exams or presentations
    - ☐ Timed tests
    - ☐ Practical or hands-on assessments
    - ☐ None of the above
3. How often do you feel anxious during tests?
    - ☐ Never
    - ☐ Rarely
    - ☐ Sometimes
    - ☐ Often
    - ☐ Always
    -

Cognitive and Sensory Challenges

4. I have difficulty staying focused during tests.
    - ☐ True
    - ☐ False
5. Which factors make it harder for you to focus during tests? (Select all that apply)
    - ☐ Noise (e.g., background sounds, people talking)
    - ☐ Bright or flickering lighting
    - ☐ Time pressure
    - ☐ Physical discomfort (e.g., seating, room setup)
    - ☐ Other (please specify): _____
6. Time pressure makes it harder for me to process and respond to questions.
    - ☐ Strongly Agree
    - ☐ Agree
    - ☐ Neutral
    - ☐ Disagree
    - ☐ Strongly Disagree
7. I struggle with reading comprehension or interpreting test questions accurately.
    - ☐ True
    - ☐ False

Stress and Emotional Regulation

8. What strategies do you use to manage stress during tests? (Select all that apply)
    - ☐ Deep breathing or relaxation techniques
    - ☐ Positive self-talk or affirmations
    - ☐ Time management strategies (e.g., pacing myself)
    - ☐ Taking breaks when possible
    - ☐ I don’t have any specific strategies
9. How much does test-related anxiety affect your performance?

- ☐ Not at all
- ☐ Slightly
- ☐ Moderately
- ☐ Significantly
- ☐ Extremely

Accommodations and Support

10. I have requested or received test accommodations (e.g., extra time, quiet space).

- ☐ Yes
- ☐ No

11. If yes, the accommodations I received were helpful.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

12. Which accommodations would make test-taking easier for you? (Select all that apply)

- ☐ Extra time
- ☐ A quiet or low-stimulation environment
- ☐ Clarified instructions or additional explanations
- ☐ The option to take breaks
- ☐ Alternative test formats (e.g., oral responses, typed answers)
- ☐ Access to assistive tools (e.g., spell-check, calculators)
- ☐ I don’t need accommodations

Open Feedback

13. If you could change one thing about how tests are conducted, what would it be?

- ☐ Less time pressure

- ☐ More flexible test formats
- ☐ Clearer instructions
- ☐ More sensory-friendly environments
- ☐ Other (please specify): _____

14. Is there anything else you would like us to know about your test-taking experiences? (Optional)

- ☐ Yes (please specify): _____
- ☐ No