

Review of Accommodations Used During Testing

Student Name	
PowerSchool ID	
Case Manager	
Choose one of the following plans (according to order of accommodations documentation).	<input type="checkbox"/> IEP <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> EL Plan <input type="checkbox"/> Transitory Impairment Documentation
Dates of Plan	Start Date:
	End Date:
Test	<input type="checkbox"/> BOG3 <input type="checkbox"/> EOG <input type="checkbox"/> RtA3 <input type="checkbox"/> EOC <input type="checkbox"/> CCRAA <input type="checkbox"/> CTE <input type="checkbox"/> ACCESS for ELLs
Subject/Subtest	

Complete one form per test. Before testing, complete the top of the form and Column 1. During/after testing, complete Column 2. Completed forms should be kept in the student's Individualized Education Program (IEP) folder and/or Section 504/English Learner (EL)/transitory impairment documentation to be accessible for future reference. While the list below includes all state-approved accommodations, some do not apply to students identified solely as ELs. Testing accommodations should be consistent with the accommodations used routinely during classroom instruction and on similar classroom assessments.

Regular Administration Other Administration

School	
Grade	
Test Date	
Test Administrator	

Column 1: To Be Completed before Testing	Was this accommodation provided to the student during testing?	Column 2: To Be Completed during/after Testing
Check the required accommodations documented on the student's IEP/Section 504 Plan/EL Plan/Transitory Impairment Documentation.		Describe the specific details of how this accommodation was provided to the student. Did the student use the accommodation? If yes, how did he/she use it?
<input checked="" type="checkbox"/> Example: <i>Scheduled Extended Time</i> <i>Specify: 60 additional minutes</i>	Example: Yes	Example: <i>The student was provided the scheduled extended time. The student used 45 of the additional 60 minutes provided.</i>

<input type="checkbox"/> Braille Edition Specify:		
<input type="checkbox"/> Large Print Edition		
<input type="checkbox"/> One Test Item Per Page Edition		
<input type="checkbox"/> Assistive Technology Devices Specify:		
<input type="checkbox"/> Braille Writer/Braille Paper		
<input type="checkbox"/> Electronic Braille Notetaker		
<input type="checkbox"/> Slate and Stylus/Braille Paper		
<input type="checkbox"/> Cranmer Abacus		
<input type="checkbox"/> Dictation to a Scribe		
<input type="checkbox"/> Interpreter/Transliterator Signs/Cues Test		
<input type="checkbox"/> Magnification Devices		
<input type="checkbox"/> Word-to-Word Bilingual (English/Native Language) Dictionary/Electronic Translator (EL only)		
<input type="checkbox"/> Student Marks Answers in Test Book		
<input type="checkbox"/> Student Reads Test Aloud to Self		
<input type="checkbox"/> Test Read Aloud (In English) Specify:		
<input type="checkbox"/> Multiple Testing Sessions Specify:		
<input type="checkbox"/> Scheduled Extended Time Amount:		
<input type="checkbox"/> Testing in a Separate Room Specify:		
<input type="checkbox"/> Special NCDPI-Approved Accommodation(s) Specify:		

Printed name of person completing this portion of the form:	Printed name of person completing this portion of the form:
Signature of person completing this portion of the form:	Signature of person completing this portion of the form:

Comments/considerations for next IEP/Section 504/EL/Transitory Impairment team meeting: