Review of Accommodations Used During Testing

Student Name	
PowerSchool ID	
Case Manager	
Choose one of the following plans (according to order of accommodations documentation).	☐ IEP ☐ Section 504 Plan ☐ EL Plan ☐ Transitory Impairment Documentation
Dates of Plan	Start Date:
	End Date:
Test	☐ BOG3 ☐ EOG ☐ RTA3 ☐ EOC ☐ NCFE ☐ CCRAA ☐ CTE ☐ 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.
NOTE: 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		**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.		Was this accommodation ***provided*** to the student during testing?	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?
☑	**Example:** ***Test Read Aloud (In English)*** ***Specify*: Computer reads test aloud**	**Example:** ***Yes***	**Example:** ***Computer read test aloud while student wore headphones.***
☐	Braille Edition Specify:		
☐	Large Print Edition		
☐	One Test Item Per Page Edition		
☐	Assistive Technology Devices Specify:		
☐	Braille Writer/Slate and Stylus (and Braille Paper)		
☐	Cranmer Abacus		
☐	Dictation to a Scribe		
☐	Interpreter/Transliterator Signs/Cues Test		
☐	Magnification Devices		
☐	Word-to-Word Bilingual (English/Native Language) Dictionary/Electronic Translator (**EL only**)		
☐	Student Marks Answers in Test Book		
☐	Student Reads Test Aloud to Self		
☐	Test Read Aloud (In English) Specify:		
☐	Multiple Testing Sessions Specify:		
☐	Scheduled Extended Time Amount:		
☐	Testing in a Separate Room Specify:		
☐	Special NCDPI-Approved Accommodation(s) Specify:		

Printed name of person completing this portion of the form:

_____

Signature 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:

_____

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

This form is available in electronic format at http://www.ncpublicschools.org/accountability/policies/accom.