

## Review of Accommodations Used During Testing

Student Name:	Test Administrator:
Student ID:	Test Date:
Case Manager:	Grade:
Choose one of the following plans <input type="checkbox"/> IEP <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> EL Plan <input type="checkbox"/> Transitory Impairment Documentation	<input type="checkbox"/> Regular Administration <input type="checkbox"/> Makeup Administration
Dates of Plan:	School:
Test:  <input type="checkbox"/> BOG3 <input type="checkbox"/> EOG <input type="checkbox"/> EOC <input type="checkbox"/> RtA <input type="checkbox"/> CCRAA  <input type="checkbox"/> CTE <input type="checkbox"/> WIDA ACCESS	Complete one form per test. Before testing, complete the top of the form and Column 1. During or after testing, complete Column 2. Completed forms should be kept in the student's Individualized Education Program (IEP) folder, Section 504, English Learner (EL), or transitory impairment documentation to be accessible for future reference.
Subject:	

Column 1: To be complete before testing	Column 2: To be completed during or after testing	Column 3: To be completed during or 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 accommodations was
<input type="checkbox"/> Assistive Technology Specify:		
<input type="checkbox"/> Braille Edition Specify:		
<input type="checkbox"/> Braille Writer/Braille Paper		
<input type="checkbox"/> Cranmer Abacus		
<input type="checkbox"/> Dictation to a Scribe		
<input type="checkbox"/> Electronic Braille Notetaker		
<input type="checkbox"/> Interpreter/Transliterator Signs/Cues Test		
<input type="checkbox"/> Large Print Edition		
<input type="checkbox"/> Magnification Devices		
<input type="checkbox"/> Multiple Testing Sessions Specify:		
<input type="checkbox"/> One Test Item Per Page Edition		
<input type="checkbox"/> Scheduled Extended Time Specify:		
<input type="checkbox"/> Slate and Stylus/Braille Paper		
<input type="checkbox"/> Student Marks Answers in Test Book		
<input type="checkbox"/> Student Reads Aloud to Self		
<input type="checkbox"/> Test Read Aloud (in English) Specify:		
<input type="checkbox"/> Testing in a Separate Room Specify:		
<input type="checkbox"/> Special NCDPI-Approved Accommodations(s) Specify:		
<input type="checkbox"/> Word-to-Word Bilingual (English/Native Language) Dictionary (EL only)		

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: