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 ☐ ACCESS for ELLs ☐ CCRAA ☐ EOC ☐ CTE ☐ WIDA Alternate ACCESS
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   ☐ Makeup 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?

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

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/Section 504/EL/Transitory Impairment team meeting:

This form is available in electronic format at https://www.dpi.nc.gov/districts-schools/testing-and-school-accountability/testing-policy-and-operations/testing-accommodations.