Review of Accommodations Used During Testing

Stud	lent Name				per test. Before testing, complete the top of the form and
PowerSchool ID				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	
Case Manager					
				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	
Choose one of the following plans (according to order of accommodations documentation).		□ IEP □ Section 504 Plan			
		□ EL Plan □ Transitory Impairment Documentation			
		Dates of Plan Test Subject/Subtest		Start Date:	
End Date:				School	
□ BOG3 □ EOG □ ACCESS for ELLs				Grade	
□ CCRAA □ EOC □ CTE				Test Date	
□ WIDA Alternate ACCESS				T	
				Test Administrator	
Column 1: To Be Completed before Testing		empleted before Testing		Completed during/a	after Testing
Che	ck the required acc	commodations documented on the	Was this accommodation		
student's IEP/Section 5		04 Plan/EL Plan/Transitory Impairment	provided to the	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?	
Doc	umentation.		student during testing?	student. Did the student use the accommodation: If yes, now did he/she use it?	
			testing:		
	Assistive Technology				
	Specify:				
	Braille Edition				
	Specify:				
	Braille Writer/Brail	le 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 Extend	led Time			
Specify:					
	Slate and Stylus/Braille Paper				
	Student Marks Answers in Test Book				
	Student Reads Test Aloud to Self				
	Test Read Aloud (Specify:	in English)			
	Testing in a Separate Room				
	Specify:				
		proved Accommodation(s)			
	Specify:				
		ngual (English/Native Language) nic Translator (EL only)			
Printed name of person completing this portion of the form: Printed name of person completing this portion of the form:					
Piin	led name of persor	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:					
Con	imenis/consideration	ייטו זופאנ וביי/Section 504/EL/Transitory	ı ımpaiment team me	eung:	
<u></u>					

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.