

Review of Accommodations Used During Testing

Student Name:	Test Administrator:
Student ID:	Test Date:
Case Manager:	Grade:
Check if the student is also identified as EL <input type="checkbox"/> English Learner	<input type="checkbox"/> Regular Administration <input type="checkbox"/> Makeup Administration
Dates of Plan:	School:
Test: <input type="checkbox"/> NCEXTEND1 <input type="checkbox"/> WIDA Alternate 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 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"/> Adaptations to NCDPI-provided manipulatives (raised lines, preparing the cards for an eye gaze device)		
<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/Transliterators 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:
