Review of Accommodations Used During Testing

Student Name	
PowerSchool ID	
Case Manager	

Check if EC student is also identified as EL	☐ English Learner

Dates of Plan	Start Date:
	End Date:
Test	NCEXTEND1
Subject	

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 to be accessible for future reference. 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.	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?
☐ Adaptations to NCDPI-provided manipulatives, such as raised lines, enlarged text/pictures, placement of pictures on information boards, and use of student-specific symbols		
☐ 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 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.