

Review of Accommodations Used During Testing

Student Name	
PowerSchool ID	
Case Manager	
Check if EC student is also identified as EL	<input type="checkbox"/> English Learner
Dates of Plan	Start Date: _____ End Date: _____
Test	NCEXTEND1 <input type="checkbox"/>
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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> Was this accommodation provided to the student during testing? </td> <td style="vertical-align: top;"> 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? </td> </tr> </table>	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?
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<input type="checkbox"/>	Adaptations to NCDPI-provided manipulatives, such as raised lines, enlarged text/pictures, placement of pictures on information boards, and use of student-specific symbols		
<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 Test 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 Accommodation(s) Specify: _____		
<input type="checkbox"/>	Word-to-Word Bilingual (English/Native Language) Dictionary/Electronic Translator (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 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>.