### Review of Accommodations Used During Testing

Complete one form per test. Prior to testing, complete column 1. During/after testing, complete the remainder of the form. Completed forms should be kept in the student’s IEP folder and/or Section 504/LEP/transitory impairment documentation so that they are accessible for future reference. **NOTE:** While the list below includes all state-approved accommodations, some do not apply to students identified solely as LEP. Testing accommodations should be consistent with the accommodations used routinely during classroom instruction and on similar classroom assessments.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Regular □ Retest □ Other</td>
<td></td>
</tr>
</tbody>
</table>

#### To Be Completed Prior to Testing

- **Required Accommodations Documented on Student’s IEP/Section 504 Plan/LEP Plan/Transitory Impairment Documentation**
- **Was this accommodation provided to the student during testing?**
  - Yes
  - Describe the specific details as to **how** this accommodation was provided to the student, if applicable.
  - Did the student **use** the accommodation? If yes, **how did they use it?**

#### To Be Completed During/After Testing

- **Test Administrator Reads Test Aloud (In English)**
  - Specify: Read by Student Request, Read Everything, Other
  - Yes
  - Test administrator read the entire test aloud. Student followed along while the test administrator read aloud.

- **Braille Edition**
- **Large Print Edition**
- **One Test Item Per Page Edition**
- **Assistive Technology Devices**
  - Specify:
  - Braille Writer/Slate and Stylus (and Braille Paper)
  - Crammer Abacus
  - Dictation to a Scribe
  - Interpreter/Transliterator Signs/Cues Test
  - Keyboarding Devices
  - Magnification Devices
  - Word-to-Word Bilingual (English/Native Language) Dictionary/Electronic Translator (LEP only)
  - Student Marks Answers in Test Book
  - Student Reads Test Aloud to Self
  - Specify: Read by Student Request, Read Everything, Other

- **Hospital/Home Testing**
- **Multiple Testing Sessions**
  - Specify:
  - Scheduled Extended Time
  - Amount:
  - Testing in a Separate Room
  - Specify:
  - Special NCDPI Approved Accommodation(s)
  - Specify:

#### Comments/considerations for next IEP/504/LEP/TI team meeting:

Printed name of person completing this portion of form: [signature]

Signature of person completing this portion of form: [signature]

NCDPI Division of Accountability Services

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