

**Appendix
Form A**

School _____

School System _____

Signed _____
School Administrator

Date _____

**Students With Disabilities
Accommodations for State Tests at Grades 3-8
Summary Form for Schools by Test**

For Local Use Only

Date _____

School Year _____

Check appropriate test below:

- NC End-of-Grade Test of Reading Comprehension
- NC End-of-Grade Test of Mathematics
- NC End-of-Grade Test of Science
- NCEXTEND2 EOG Reading Comprehension
- NCEXTEND2 EOG Mathematics
- NCEXTEND2 EOG Science
- State-identified English Language Proficiency Test
- NC End-of-Course Test of _____
(record test name)

Student Name	Grade	Section 504 or Area of Exceptionality	Test Format		Assistive Technology Devices and Special Test Arrangements										Test Environment									
			Braille Edition	Large Print Edition	One Test Item Per Page Edition	Assistive Technologies/Devices Specify:	Braille Writer/Slate and Stylus (and Braille Paper)	Crammer Abacus	Dictation to a Scribe (will not receive convention score for writing assess)	Interpreter/Transliterator Signs/Cues Test (not for test of reading skills)	Keyboarding Devices	Magnification Devices	Student Marks Answers in Test Book	Student Reads Test Aloud to Self	Test Administrator Reads Test Aloud (not for test of reading skills)	Specify: Read everything	Read by student request	Other:	Hospital/Home Testing	Multiple Testing Sessions	Scheduled Extended Time	Testing in a Separate Room (Specify One-on-one or Small Group)	Other ¹	