Appendix
Form D
School _____

School System _____

Signed _____
School Administrator

Date _____

Students With Disabilities
Participation in Districtwide Assessments
Summary Form for Schools by Test

For Local Use Only

Date _____

School Year _____

List Districtwide Assessment:

_____

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)	Cranmer Abacus	Dictation to a Scribe	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 (follow LEA guidelines regarding other accommodations)

NOTE: If this completed form is transmitted electronically, the LEA must ensure that student confidentiality is maintained.