

Review of Accommodations Used During *NCEXTEND1* Testing

Student Name	
NC WISE ID	
Case Manager	
Check if EC student is identified LEP:	<input type="checkbox"/> LEP
Dates of Plan	Start Date:
	End Date:
Test	NCEXTEND1
Subject	

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 so that they are accessible for future reference. Accommodations for the **NCEXTEND1** should be consistent with the accommodations used routinely during classroom instruction and on similar classroom assessments.

Regular Retest Other

School	
Grade	
Test Date	
Assessor 1	

To Be Completed Prior to Testing		To Be Completed During/After Testing	
Required Accommodations Documented on Student's IEP		Was this accommodation provided to the student during testing?	Describe the specific details as to how this accommodation was provided to the student. Did the student use the accommodation? If yes, how did they use it?
<input checked="" type="checkbox"/>	Example: Multiple Testing Sessions Specify: <i>5 minute break every 15 minutes</i>	Yes	<i>The student took a 5 minute break every 15 minutes as scheduled.</i>
<input type="checkbox"/>	Braille Materials		
<input type="checkbox"/>	Large Print Materials		
<input type="checkbox"/>	Assistive Technology Devices Specify:		
<input type="checkbox"/>	Braille Writer/Slate and Stylus (and Braille Paper)		
<input type="checkbox"/>	Dictation to a Scribe		
<input type="checkbox"/>	Interpreter/Transliterator Signs/Cues Test		
<input type="checkbox"/>	Keyboarding Devices		
<input type="checkbox"/>	Magnification Devices		
<input type="checkbox"/>	Word-to-Word Bilingual (English/Native Language) Dictionary/Electronic Translator (LEP only)		
<input type="checkbox"/>	Student Reads Test Aloud to Self		
<input type="checkbox"/>	Hospital/Home Testing		
<input type="checkbox"/>	Multiple Testing Sessions Specify:		
<input type="checkbox"/>	Testing in a Separate Room		
<input type="checkbox"/>	Responds with Use of Augmentative Communication Device, Picture Board, etc. Specify:		
<input type="checkbox"/>	Writes with Pictures Using an Augmentative Communication Device, Picture Board, etc. Specify:		
<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"/>	Special NCDPI Approved Accommodation(s) Specify:		

Printed name of person completing this portion of form:

Signature of person completing this portion of form:

Printed name of person completing this portion of form:

Signature of person completing this portion of form:

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