

## Review of Accommodations Used During Testing

Student Name	
NC WISE ID	
Case Manager	
Choose one of the following plans (according to hierarchy of accommodations documentation):	<input type="checkbox"/> IEP <input type="checkbox"/> Section 504 <input type="checkbox"/> LEP <input type="checkbox"/> Transitory Impairment Explain:
Dates of Plan	Start Date:
	End Date:
Test	<input type="checkbox"/> EOC <input type="checkbox"/> EOG <input type="checkbox"/> Writing (Grade 10) <input type="checkbox"/> NCEXTEND2 <input type="checkbox"/> ACCESS for ELLs
Subject/Subtest	

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.*

Regular     Retest     Other

School	
Grade	
Test Date	
Test Administrator	

To Be Completed Prior to Testing		To Be Completed During/After Testing	
	Required Accommodations Documented on Student's IEP/Section 504 Plan/LEP Plan/Transitory Impairment Documentation	Was this accommodation <b>provided</b> to the student during testing?	Describe the specific details as to <b>how</b> this accommodation was provided to the student. Did the student <b>use</b> the accommodation? If yes, <b>how</b> did they use it?
<input checked="" type="checkbox"/>	Test Administrator Reads Test Aloud (In English) Specify: <input type="checkbox"/> Read by Student Request <input checked="" type="checkbox"/> Read Everything <input type="checkbox"/> Other	Yes	<i>Test administrator read the entire test aloud. Student followed along while the test administrator read aloud.</i>
<input type="checkbox"/>	Braille Edition		
<input type="checkbox"/>	Large Print Edition		
<input type="checkbox"/>	One Test Item Per Page Edition		
<input type="checkbox"/>	Assistive Technology Devices Specify:		
<input type="checkbox"/>	Braille Writer/Slate and Stylus (and Braille Paper)		
<input type="checkbox"/>	Cranmer Abacus		
<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 Marks Answers in Test Book		
<input type="checkbox"/>	Student Reads Test Aloud to Self		
<input type="checkbox"/>	Test Administrator Reads Test Aloud (In English) Specify: <input type="checkbox"/> Read by Student Request <input type="checkbox"/> Read Everything <input type="checkbox"/> Other		
<input type="checkbox"/>	Hospital/Home Testing		
<input type="checkbox"/>	Multiple Testing Sessions Specify:		
<input type="checkbox"/>	Scheduled Extended Time Amount:		
<input type="checkbox"/>	Testing in a Separate Room Specify:		
<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:

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Signature of person completing this portion of form:

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