

**The College Board  
Services for Students with Disabilities  
Teacher Survey Form**

**Student's Name:** \_\_\_\_\_

**Teacher's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To the teacher:** The above student has requested testing accommodations for College Board tests. Your detailed input regarding his/her needs on classroom tests is valuable in our decision-making process. Please return the form to \_\_\_\_\_, who will forward it to the College Board.

- 1) In what course do you teach the student?
  
- 2) How long has he/she been in your class?
  
- 3) Please briefly describe **your** observations of the student's disability and its impact during your class.
  
- 4) What specific accommodations are provided to and used by the student during classroom testing? Please only include the accommodations that the student is actually using in your class.
  
- 5) If the student is provided extended time for classroom tests, how much additional time does he/she generally use (e.g., 50%) to complete the each of the following question types:
  - a. Multiple-choice test items.
  
  - b. Other question types (e.g., short answer, essay, or math problems). (Please indicate the amount of time used for each applicable question type).
  
- 6) Does the student use the accommodation(s) effectively? If yes, how does it benefit the student's learning outcome? If no, why is the accommodation(s) not effective?

*For questions/information, please contact the College Board at (609) 771-7737.*