

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 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"/>	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:

Printed name of person completing this portion of form:

Signature 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: