

2021-22 Summary Assessment Form



CAMPUS: _____

High School Early Collage

STUDENT LAST NAME, FIRST NAME: _____

ID#: _____

BIRTHDATE: _____

GR: _____

HOMEBOUND STUDENT:

SUBPOP: _____

SPED

RTI

EL

504

ASSESSMENT	ASSESSMENT	ASSESSMENT	ASSESSMENT	ASSESSMENT
English I Primary <input type="checkbox"/> Re-tester <input type="checkbox"/>	English II Primary <input type="checkbox"/> Re-tester <input type="checkbox"/>	Algebra I Primary <input type="checkbox"/> Re-tester <input type="checkbox"/>	Biology Primary <input type="checkbox"/> Re-tester <input type="checkbox"/>	US History Primary <input type="checkbox"/> Re-tester <input type="checkbox"/>
DESIGNATED SUPPORTS	DESIGNATED SUPPORTS	DESIGNATED SUPPORTS	DESIGNATED SUPPORTS	DESIGNATED SUPPORTS
Basic Transcribing <input type="checkbox"/>	Basic Transcribing <input type="checkbox"/>	Basic Transcribing <input type="checkbox"/>	Basic Transcribing <input type="checkbox"/>	Basic Transcribing <input type="checkbox"/>
Braille <input type="checkbox"/>	Braille <input type="checkbox"/>	Braille <input type="checkbox"/>	Braille <input type="checkbox"/>	Braille <input type="checkbox"/>
Refreshable braille (ONLINE) B <input type="checkbox"/>	Refreshable braille (ONLINE) B <input type="checkbox"/>	Refreshable braille (ONLINE) B <input type="checkbox"/>	Refreshable braille (ONLINE) B <input type="checkbox"/>	Refreshable braille (ONLINE) B <input type="checkbox"/>
Content & language supports (ONLINE) R <input type="checkbox"/>	Content & language supports (ONLINE) R <input type="checkbox"/>	Content & language supports (ONLINE) R <input type="checkbox"/>	Content & language supports (ONLINE) R <input type="checkbox"/>	Content & language supports (ONLINE) R <input type="checkbox"/>
Extra Time <input type="checkbox"/>	Extra Time <input type="checkbox"/>	Extra Time <input type="checkbox"/>	Extra Time <input type="checkbox"/>	Extra Time <input type="checkbox"/>
Individualized Structured Reminders <input type="checkbox"/>	Individualized Structured Reminders <input type="checkbox"/>	Individualized Structured Reminders <input type="checkbox"/>	Individualized Structured Reminders <input type="checkbox"/>	Individualized Structured Reminders <input type="checkbox"/>
Large Print <input type="checkbox"/>	Large Print <input type="checkbox"/>	Large Print <input type="checkbox"/>	Large Print <input type="checkbox"/>	Large Print <input type="checkbox"/>
Manipulating Test Materials <input type="checkbox"/>	Manipulating Test Materials <input type="checkbox"/>	Manipulating Test Materials <input type="checkbox"/>	Manipulating Test Materials <input type="checkbox"/>	Manipulating Test Materials <input type="checkbox"/>
Oral/Signed Administration (ALL) <input type="checkbox"/>	Oral/Signed Administration (ALL) <input type="checkbox"/>	Mathematics Manipulatives <input type="checkbox"/>	Oral/Signed Administration (ALL) <input type="checkbox"/>	Oral/Signed Administration (ALL) <input type="checkbox"/>
Oral/Signed Administration (ASR) <input type="checkbox"/>	Oral/Signed Administration (ASR) <input type="checkbox"/>	Various types of counters <input type="checkbox"/>	Oral/Signed Administration (ASR) <input type="checkbox"/>	Oral/Signed Administration (ASR) <input type="checkbox"/>
Text-to-speech (ONLINE) T <input type="checkbox"/>	Text-to-speech (ONLINE) T <input type="checkbox"/>	Algebra tiles <input type="checkbox"/>	Text-to-speech (ONLINE) T <input type="checkbox"/>	Text-to-speech (ONLINE) T <input type="checkbox"/>
ASL videos (ONLINE) V <input type="checkbox"/>	ASL videos (ONLINE) V <input type="checkbox"/>	Fraction pieces <input type="checkbox"/>	ASL videos (ONLINE) V <input type="checkbox"/>	ASL videos (ONLINE) V <input type="checkbox"/>
Spelling Assistance (Composition ONLY) <input type="checkbox"/>	Spelling Assistance (Composition ONLY) <input type="checkbox"/>	Geometric figures 2D/3D <input type="checkbox"/>	Supplemental Aids <input type="checkbox"/>	Supplemental Aids <input type="checkbox"/>
Visual sound cards <input type="checkbox"/>	Visual sound cards <input type="checkbox"/>	Oral/Signed <input type="checkbox"/>	Mnemonic devices <input type="checkbox"/>	Mnemonic devices <input type="checkbox"/>
Frequently misspelled word list <input type="checkbox"/>	Frequently misspelled word list <input type="checkbox"/>	Oral/Signed Administration (ALL) <input type="checkbox"/>	Blank graphic organizers <input type="checkbox"/>	Blank graphic organizers <input type="checkbox"/>
Spell check function <input type="checkbox"/>	Spell check function <input type="checkbox"/>	Oral/Signed Administration (ASR) <input type="checkbox"/>	Graphics of scientific concepts <input type="checkbox"/>	Blank maps <input type="checkbox"/>
Pocket spell-checker <input type="checkbox"/>	Pocket spell-checker <input type="checkbox"/>	Text-to-speech (ONLINE) T <input type="checkbox"/>	Formula triangles <input type="checkbox"/>	Timelines <input type="checkbox"/>
Word prediction software <input type="checkbox"/>	Word prediction software <input type="checkbox"/>	ASL videos (ONLINE) V <input type="checkbox"/>	ACCESSIBILITY FEATURES	ACCESSIBILITY FEATURES
Text-to-speech software/devices <input type="checkbox"/>	Text-to-speech software/devices <input type="checkbox"/>	Supplemental Aids <input type="checkbox"/>	Read Test Aloud to Self <input type="checkbox"/>	Read Test Aloud to Self <input type="checkbox"/>
Speech-to-text software/devices <input type="checkbox"/>	Speech-to-text software/devices <input type="checkbox"/>	Mnemonic devices <input type="checkbox"/>	Bilingual Dictionary (Math, Sc, SS) <input type="checkbox"/>	Bilingual Dictionary (Math, Sc, SS) <input type="checkbox"/>
Spelling Assistance (ONLINE) E <input type="checkbox"/>	Spelling Assistance (ONLINE) E <input type="checkbox"/>	Blank graphic organizers <input type="checkbox"/>	Minimize Distractions <input type="checkbox"/>	Minimize Distractions <input type="checkbox"/>
Supplemental Aids <input type="checkbox"/>	Supplemental Aids <input type="checkbox"/>	Pictorial models of 2D geometric figures <input type="checkbox"/>	Overlays: _____ <input type="checkbox"/>	Overlays: _____ <input type="checkbox"/>
Mnemonic devices <input type="checkbox"/>	Mnemonic devices <input type="checkbox"/>	Pictorial models of 3D geometric figures <input type="checkbox"/>	Individual Administration <input type="checkbox"/>	Individual Administration <input type="checkbox"/>
Blank graphic organizers <input type="checkbox"/>	Blank graphic organizers <input type="checkbox"/>	Other: _____ <input type="checkbox"/>	Small Group Administration <input type="checkbox"/>	Small Group Administration <input type="checkbox"/>
Grammar and mechanics rules <input type="checkbox"/>	Grammar and mechanics rules <input type="checkbox"/>	ACCESSIBILITY FEATURES	Other: _____ <input type="checkbox"/>	Other: _____ <input type="checkbox"/>
ACCESSIBILITY FEATURES	ACCESSIBILITY FEATURES	Read Test Aloud to Self <input type="checkbox"/>	TELPAS	STAAR ALTERNATE 2
Read Test Aloud to Self <input type="checkbox"/>	Read Test Aloud to Self <input type="checkbox"/>	Bilingual Dictionary (Math, Sc, SS) <input type="checkbox"/>	Listening (WILL TAKE) <input type="checkbox"/>	English I <input type="checkbox"/>
Minimize Distractions <input type="checkbox"/>	Minimize Distractions <input type="checkbox"/>	Minimize Distractions <input type="checkbox"/>	Listening (EXEMPT) <input type="checkbox"/>	English II <input type="checkbox"/>
Overlays: _____ <input type="checkbox"/>	Overlays: _____ <input type="checkbox"/>	Overlays: _____ <input type="checkbox"/>	Speaking (WILL TAKE) <input type="checkbox"/>	Algebra <input type="checkbox"/>
Individual Administration <input type="checkbox"/>	Individual Administration <input type="checkbox"/>	Individual Administration <input type="checkbox"/>	Speaking (EXEMPT) <input type="checkbox"/>	Biology <input type="checkbox"/>
Small Group Administration <input type="checkbox"/>	Small Group Administration <input type="checkbox"/>	Small Group Administration <input type="checkbox"/>	Reading (WILL TAKE) <input type="checkbox"/>	US History <input type="checkbox"/>
Other: _____ <input type="checkbox"/>	Other: _____ <input type="checkbox"/>	Other: _____ <input type="checkbox"/>	Reading (EXEMPT) <input type="checkbox"/>	ME or NAAR (All subjects) _____ <input type="checkbox"/>
			Writing (WILL TAKE) <input type="checkbox"/>	
			Writing (EXEMPT) <input type="checkbox"/>	
				TELPAS
				Will participate <input type="checkbox"/>
				ME or NAAR _____ <input type="checkbox"/>

Additional: _____

	NAME	SIGNATURE	DATE
Teacher:	_____	_____	_____
504/EL/SPED ADMINISTRATOR:	_____	_____	_____
CAMPUS TESTING COORDINATOR:	_____	_____	_____

**THIS FORM MUST BE INCLUDED
IN BAC PACKET**