

Review of Accommodations Used During Testing

Student Name	
PowerSchool ID	
Case Manager	
Choose one of the following plans (according to order of accommodations documentation).	☐ IEP ☐ Section 504 Plan ☐ EL Plan ☐ Transitory Impairment Documentation
Dates of Plan	Start Date: _____ End Date: _____
Test	☐ BOG3 ☐ EOG ☐ EOC ☐ CCRAA ☐ CTE ☐ ACCESS for ELLs ☐ Alternate ACCESS for ELLs
Subject/Subtest	

Complete one form per test. Before testing, complete the top of the form and Column 1. During/after testing, complete Column 2. Completed forms should be kept in the student's Individualized Education Program (IEP) folder and/or Section 504/English Learner (EL)/transitory impairment documentation to be accessible for future reference. While the list below includes all state-approved accommodations, some do not apply to students identified solely as ELs. Testing accommodations should be consistent with the accommodations used routinely during classroom instruction and on similar classroom assessments.

☐ Regular Administration ☐ Other Administration

School	
Grade	
Test Date	
Test Administrator	

Column 1: To Be Completed before Testing	Column 2: To Be Completed during/after Testing		
Check the required accommodations documented on the student's IEP/Section 504 Plan/EL Plan/Transitory Impairment Documentation.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Was this accommodation provided to the student during testing?</td> <td style="width: 70%;">Describe the specific details of how this accommodation was provided to the student. Did the student use the accommodation? If yes, how did he/she use it?</td> </tr> </table>	Was this accommodation provided to the student during testing?	Describe the specific details of how this accommodation was provided to the student. Did the student use the accommodation? If yes, how did he/she use it?
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☐ Braille Edition Specify: _____		
☐ Large Print Edition		
☐ One Test Item Per Page Edition		
Assistive Technology Devices ☐ Specify: _____		
☐ Braille Writer/Braille Paper		
☐ Electronic Braille Notetaker		
☐ Slate and Stylus/Braille Paper		
☐ Cranmer Abacus		
☐ Dictation to a Scribe		
☐ Interpreter/Transliterator Signs/Cues Test		
☐ Magnification Devices		
☐ Word-to-Word Bilingual (English/Native Language) Dictionary/Electronic Translator (EL only)		
☐ Student Marks Answers in Test Book		
☐ Student Reads Test Aloud to Self		
Test Read Aloud (In English) ☐ Specify: _____		
☐ Multiple Testing Sessions Specify: _____		
Scheduled Extended Time ☐ Amount: _____		
Testing in a Separate Room ☐ Specify: _____		
☐ Special NCDPI-Approved Accommodation(s) Specify: _____		

Printed name of person completing this portion of the form:	Printed name of person completing this portion of the form:
Signature of person completing this portion of the form:	Signature of person completing this portion of the form:

Comments/considerations for next IEP/Section 504/EL/Transitory Impairment team meeting:

This form is available in electronic format at <https://www.dpi.nc.gov/districts-schools/testing-and-school-accountability/testing-policy-and-operations/testing-accommodations>.