

Student Name: _____

Student ID: _____

GR: 3 4 5 6 7 8 9 10 11

Signature of Person Compiling Materials: _____

Date Submitted: _____ 3 weeks prior to testing

Signature ensures that student's IEP, IAP, or other documentation, such as Rtl paperwork, reflects approval of items compiled for testing.

TEST PROCEDURES & MATERIALS		Content Area: <input type="checkbox"/> R, E1, E2 <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> SS					Test: <input type="checkbox"/> EN <input type="checkbox"/> SP <input type="checkbox"/> A <input type="checkbox"/> L														
<input type="checkbox"/> Reading assistance for 3 rd grade math <input type="checkbox"/> Signed or Translated Test Admin. Directions <input type="checkbox"/> Read aloud prompt		<input type="checkbox"/> Read Test Aloud to Self <input type="checkbox"/> Scratch Paper/Workspace <input type="checkbox"/> Minimize Distractions		<input type="checkbox"/> Colored Overlay: <input type="checkbox"/> Magnifying Device <input type="checkbox"/> Blank Place Markers			<input type="checkbox"/> Highlighters or Colored Pencil <input type="checkbox"/> Individual administration <input type="checkbox"/> Small group administration														
READING, E1, E2		MATH					SCIENCE					SOCIAL STUDIES									
Test: <input type="checkbox"/> EN <input type="checkbox"/> SP <input type="checkbox"/> A		Test: <input type="checkbox"/> EN <input type="checkbox"/> SP <input type="checkbox"/> A <input type="checkbox"/> L					Test: <input type="checkbox"/> EN <input type="checkbox"/> SP <input type="checkbox"/> A <input type="checkbox"/> L					Test: <input type="checkbox"/> EN <input type="checkbox"/> SP <input type="checkbox"/> A <input type="checkbox"/> L									
<input type="checkbox"/> Individualized Structured Reminders <input type="checkbox"/> Amplification Device <input type="checkbox"/> Projection Device		<input type="checkbox"/> Individualized Structured Reminders <input type="checkbox"/> Amplification Device <input type="checkbox"/> Projection Device					<input type="checkbox"/> Individualized Structured Reminders <input type="checkbox"/> Amplification Device <input type="checkbox"/> Projection Device					<input type="checkbox"/> Individualized Structured Reminders <input type="checkbox"/> Amplification Device <input type="checkbox"/> Projection Device									
<input type="checkbox"/> Manipulating Test Materials <input type="checkbox"/> Oral/Signed Admin: <input type="checkbox"/> All Q & A <input type="checkbox"/> Change Level: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial Q & A		<input type="checkbox"/> Manipulating Test Materials <input type="checkbox"/> Oral/Signed Admin: <input type="checkbox"/> All Q & A <input type="checkbox"/> Change Level: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial Q & A					<input type="checkbox"/> Manipulating Test Materials <input type="checkbox"/> Oral/Signed Admin: <input type="checkbox"/> All Q & A <input type="checkbox"/> Change Level: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial Q & A					<input type="checkbox"/> Manipulating Test Materials <input type="checkbox"/> Oral/Signed Admin: <input type="checkbox"/> All Q & A <input type="checkbox"/> Change Level: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial Q & A									
<input type="checkbox"/> Spelling Assistance (HS Only-For E1/E2 only on short answer reading questions and written compositions) <input type="checkbox"/> Basic Transcribing <input type="checkbox"/> Dictionary (GR 3-5 Only) <input type="checkbox"/> Supplemental Aids: (SpEd/504 DYS) <input type="checkbox"/> Mnemonic device <input type="checkbox"/> Blank graphic organizer <input type="checkbox"/> Extra Time		<input type="checkbox"/> Math Manipulatives: (SpEd/504 DYS) <input type="checkbox"/> Real or play money <input type="checkbox"/> Clocks <input type="checkbox"/> Base-10 blocks <input type="checkbox"/> Counters <input type="checkbox"/> Algebra tiles <input type="checkbox"/> Fraction pieces <input type="checkbox"/> Geometric figures <input type="checkbox"/> Translucent Tracing Paper					<input type="checkbox"/> Calculation Device (GR 5 & 8 Only) <input type="checkbox"/> Basic Transcribing <input type="checkbox"/> Supplemental Aids: (SpEd/504 DYS) <input type="checkbox"/> Mnemonic device <input type="checkbox"/> Blank graphic organizer <input type="checkbox"/> Graphics of scientific concepts <input type="checkbox"/> Formula triangles <input type="checkbox"/> Extra Time					<input type="checkbox"/> Basic Transcribing <input type="checkbox"/> Supplemental Aids: (SpEd/504 DYS) <input type="checkbox"/> Mnemonic device <input type="checkbox"/> Blank graphic organizer <input type="checkbox"/> Blank maps <input type="checkbox"/> Timelines <input type="checkbox"/> Extra Time									
<input type="checkbox"/> Photocopy (ARF required) (SpEd) <input type="checkbox"/> Extra Day (ARF required)		* math manipulatives and pictorials models are not allowed together					<input type="checkbox"/> Math Scribe (ARF required) <input type="checkbox"/> Photocopy (ARF required) (SpEd) <input type="checkbox"/> Extra Day (ARF required)					<input type="checkbox"/> Photocopy (ARF required) (SpEd) <input type="checkbox"/> Extra Day (ARF required)									
WRITING																					
Test: <input type="checkbox"/> EN <input type="checkbox"/> SP <input type="checkbox"/> A																					
<input type="checkbox"/> Individualized Structured Reminders <input type="checkbox"/> Amplification Device <input type="checkbox"/> Projection Device		<input type="checkbox"/> Calculation Device (GR 3-7 Only) <input type="checkbox"/> Basic Transcribing					ELL ONLY					R		M		S		SS		W	
<input type="checkbox"/> Manipulating Test Materials <input type="checkbox"/> Read Aloud Prompt Only <input type="checkbox"/> Spelling Assistance <input type="checkbox"/> Basic Transcribing <input type="checkbox"/> Dictionary (GR 4 Only) <input type="checkbox"/> Supplemental Aids: (SpEd/504 DYS) <input type="checkbox"/> Mnemonic device <input type="checkbox"/> Blank graphic organizer <input type="checkbox"/> Grammar / mechanics rules <input type="checkbox"/> Extra Time		<input type="checkbox"/> Supplemental Aids: (SpEd/504 DYS) <input type="checkbox"/> Mnemonic device <input type="checkbox"/> Blank graphic organizer <input type="checkbox"/> Addition chart <input type="checkbox"/> Multiplication chart <input type="checkbox"/> 100 chart <input type="checkbox"/> Place value chart <input type="checkbox"/> Pictorial models fraction bars or circles <input type="checkbox"/> Pictorial models of 1-, 2-, 3-dimensional geometric figures <input type="checkbox"/> Extra Time										Standard Dictionary		Bilingual Dictionary		ESL Dictionary		Other Language Dictionary		Picture Dictionary	
<input type="checkbox"/> Complex Transcribing (ARF Required) <input type="checkbox"/> Photocopy (ARF required)(SpEd) <input type="checkbox"/> Extra Day (ARF required)		<input type="checkbox"/> Math Scribe (ARF required) <input type="checkbox"/> Photocopy (ARF required) (SpEd) <input type="checkbox"/> Extra Day (ARF required)					E1, E2 only short answer						Prompt Only								