TO BE COMPLETED BY THE TEST ADMINISTRATOR OR PRINCIPAL’S DESIGNEE AFTER TESTING

1. Mark any of the following that apply to this student.
   - Student Identified Only Under Section 504
   - Student Identified with a Transitory Impairment

2. Which, if any, of the following accommodations were provided to this student during this test administration? (Mark all that apply.)
   - Braille Edition
   - Large Print Edition
   - Assistive Tech. Devices
   - Crammer Abacus
   - Dictation to a Scribe
   - Magnification Devices
   - Testing in a Separate Room
   - Scheduled Extended Time
   - One Test Item Per Page Edition
   - Multiple Testing Sessions
   - Student Reads Test Aloud to Self
   - Student Marks Answers in Test Book
   - Word-to-Word Bilingual (English/Native Language)
   - Dictionary/Electronic Translator
   - Interpreter/Transliterator
   - Signs/Cues Test
   - Test Read Aloud (in English)
   - Braille Writer/Slate & Stylus (Braille Paper)
   - Special NCDPI-Approved Accommodation

Student’s Last Name | First Name
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PowerSchool Student Number

SPECIAL CODES

Serial #

DO NOT WRITE IN THIS SHADED AREA