This form must be completed for all 2nd grade students classified as special education, Section 504, or limited English proficient (LEP). The forms must be placed in the students’ cumulative folders following testing as a record of accommodations for the Grade 2 ITBS assessment. Information regarding accommodations is provided in the Grade 2 ITBS Test Coordinators Manual.

Student’s Name ________________________________

Test Administrator’s Name ________________________________

Check the accommodations the student received during testing:

Special Education/Section 504 Accommodations

___ Answers Recorded
___ Assistive Technology (Describe _____________________________)
___ Communication Assistance (signing or cuing the test for students who are hearing impaired)
    Exception: The Reading test cannot be signed or cued.
___ Extended/Adjusted Time
___ Individual Administration     ___ Small Group Administration
___ Large Print
___ Transferred Answers
___ Other (Describe _____________________________)
___ No accommodations

NOTE: Due to the visual format of the test, a braille version of the test is not available. If a student uses braille as the primary learning media and is unable to access the standard or large-print test, please check below and give a copy of this form to your School Test Coordinator who must submit it to the District Test Coordinator.

___ Student uses braille as the primary learning media. Since there is no braille version of this test, the student is unable to be assessed with the Grade 2 ITBS.

LEP Accommodations

___ Extended/Adjusted Time
___ Individual Administration     ___ Small Group Administration
___ Provision of English/Native Language Word-to-Word Dictionary (No Definitions)
___ Test Administered by ESL Teacher or by Individual Providing Language Services
___ No accommodations

This document contains confidential information and must be protected from unauthorized access or disclosure.