


School _____

Date _____

									Accommodations								
																	
Last Name	First Name	Grade	Test Name	Disability	504 / IAP	ESS / IEP	LEP / ILP	PNP	Large Print / Braille	Answers Recorded	Transferred Answers	Adjusted / Extended Time	Individual Administration	Small Group	Assistive Technology	Test Read Aloud	Other (specify)
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Test Administrator

I tested the students on this list. I administered the test with the assigned accommodations according to the guidelines in the Test Administration Manual.

Sign and return this page with your Oath of Security and Confidentiality Statement to the School Test Coordinator.

Test Administrator _____

Title _____ Date _____

School Test Coordinator and Other SBLC Committee Member

We provided the list of students and their accommodations to the Test Administrator. We verify that the accommodations are from the current Individual Accommodation Plan (IAP), Individual Education Plan (IEP), or Individual Learning Plan (ILP).

Sign and keep this page with the Test Administrator's Oath on file for 3 years. 2 signatures required below.

School Test Coordinator _____ Date _____

Other _____ Title _____ Date _____
 (example – 504 Coordinator, ESS Site Facilitator, LEP Coordinator, SBLC Coordinator)