Complete one form per test. Before testing, complete column 1. During/after testing, complete column 2. Completed forms should be kept in the student's IEP folder to be accessible for future reference.

Accommodations for the **NCEXTEND1** should be consistent with the accommodations used routinely during classroom instruction and on similar classroom assessments.

<table>
<thead>
<tr>
<th>Date</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Date</td>
<td>Grade</td>
</tr>
<tr>
<td>Assessor</td>
<td></td>
</tr>
</tbody>
</table>

### Column 1: To Be Completed Before Testing

<table>
<thead>
<tr>
<th>Required Accommodations Documented on Student's IEP</th>
<th>Column 2: To Be Completed during/after Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Multiple Testing Sessions</td>
<td>Example: <strong>The student took a 5 minute break every 15 minutes as scheduled.</strong></td>
</tr>
<tr>
<td>Specify: 5 minute break every 15 minutes</td>
<td></td>
</tr>
</tbody>
</table>

- Braille Materials
- Large Print Materials
- Assistive Technology Devices
- Specify:
- Interpreter/Transliterator Signs/Cues Test
- Magnification Devices
- Student Reads Test Aloud to Self
- Word-to-Word Bilingual (English/Native Language) Dictionary/Electronic Translator (LEP only)
- Multiple Testing Sessions
- Specify:
- Testing in a Separate Room
- Adaptations to NCDPI-provided manipulatives, such as raised lines, enlarged text/pictures, placement of pictures on information boards, and use of student-specific symbols
- Special NCDPI-Approved Accommodation(s)
- Specify:

Printed name of person completing this portion of form: ____________________________

Signature of person completing this portion of form: ______________________________

Comments/considerations for next IEP team meeting:

This form is available in electronic format at [http://www.ncpublicschools.org/accountability/policies/accom.](http://www.ncpublicschools.org/accountability/policies/accom.)