

Student Name: _____

TSDS ID: _____

Grade: _____ Subject: _____ Form Number: _____

Assessment Year: _____ Translated Student Materials: R Yes R No

Accommodations

Mark the accommodations used during this test administration.

<input type="checkbox"/>	Color or Highlight Images	<input type="checkbox"/>	Describe Images
<input type="checkbox"/>	Color Overlays	<input type="checkbox"/>	Provide –images or 7ext 6eparately
<input type="checkbox"/>	Photographs or Objects Paired with Text	<input type="checkbox"/>	Cover or Isolate Images
<input type="checkbox"/>	Textured Materials	<input type="checkbox"/>	Picture Representations
<input type="checkbox"/>	Demonstrate Concepts	<input type="checkbox"/>	Calculator, 0anipulatives, 0ath 7ools
<input type="checkbox"/>	Raise or Darken Outline	<input type="checkbox"/>	Reread Text (3rior to “Find” 6statement)
<input type="checkbox"/>	Enlarge Images or Text	<input type="checkbox"/>	Provide Structured Reminders
<input type="checkbox"/>	Braille	<input type="checkbox"/>	

Scoring

Mark the student’s score for each question.

- 1 (A) (B) (C)
- 2 (A) (B) (C)
- 3 (A) (B) (C)
- 4 (A) (B) (C)
- 5 (A) (B) (C)
- 6 (A) (B) (C)
- 7 (A) (B) (C)
- 8 (A) (B) (C)
- 9 (A) (B) (C)
- 10 (A) (B) (C)
- 11 (A) (B) (C)
- 12 (A) (B) (C)
- 13 (A) (B) (C)
- 14 (A) (B) (C)

- 15 (A) (B) (C)
- 16 (A) (B) (C)
- 17 (A) (B) (C)
- 18 (A) (B) (C)
- 19 (A) (B) (C)
- 20 (A) (B) (C)
- 21 (A) (B) (C)
- 22 (A) (B) (C)
- 23 (A) (B) (C)
- 24 (A) (B) (C)
- 25 (A) (B) (C)
- 26 (A) (B) (C)
- 27 (A) (B) (C)
- 28 (A) (B) (C)